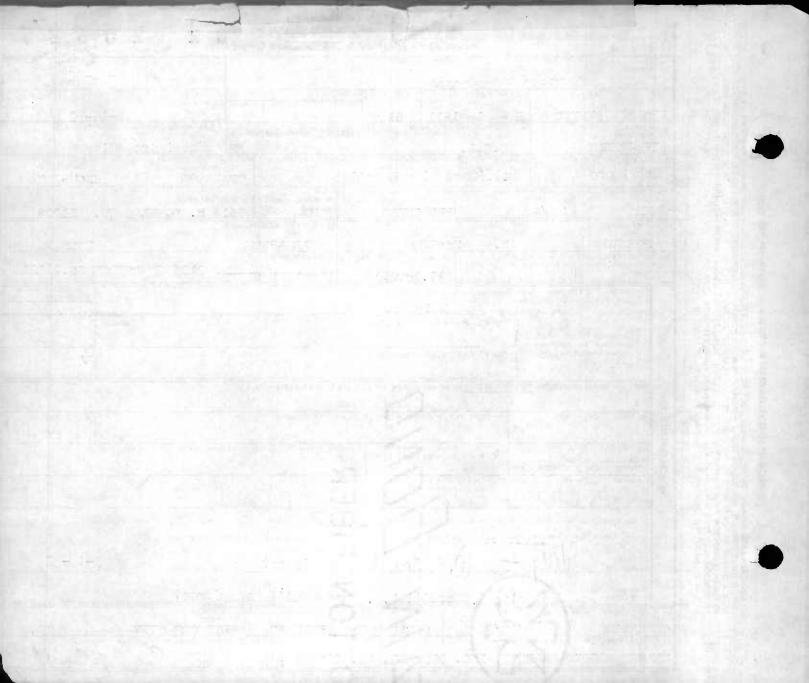
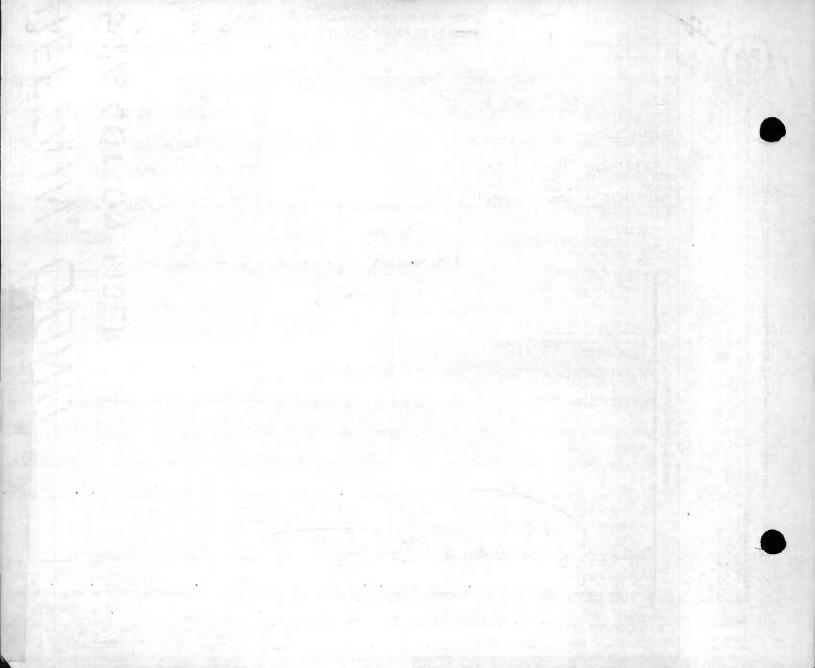
20M 4/82



15M 2/80



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

made a late of the second seco THE ENGLISHED STATES CHARLES I MACHINE CONTRACTOR TO SERVICE SERVICE

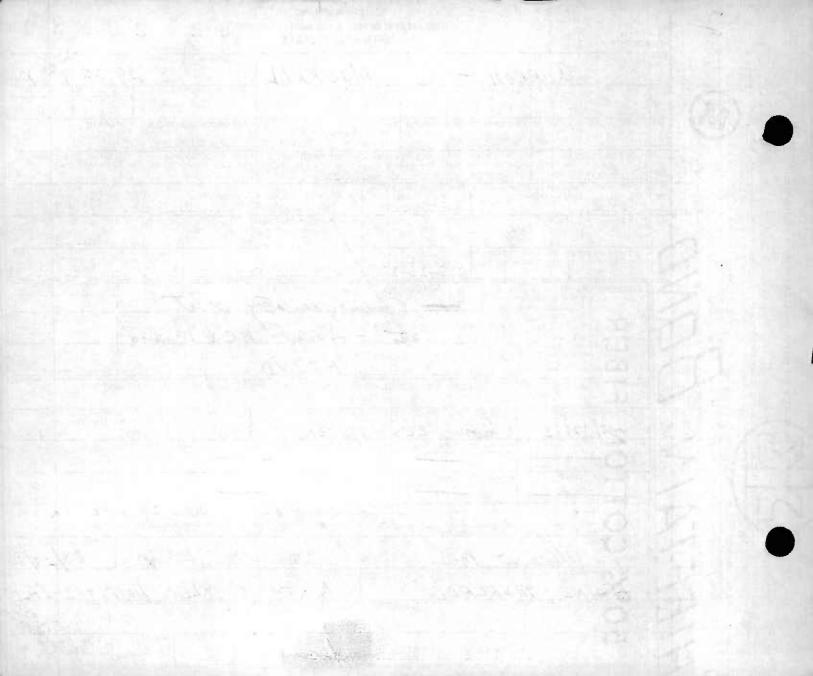
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) MILTON MACK 31 82 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR MALE 66 BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED | C1 79 HE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE SAMARIAN) Martin-Marietta Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PM LTINUM MUTINO RE 3712 Overle MI YES A NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Anna MIDDLE John F Mack Kucera 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NOTONINKHOWN) (IF YES, GIVE WAR OR DATES) 213-05-0941¢harles J. Mack, 6513 Fairdel Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: RESPIRATORY MARIDIO IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION I AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ . 19\_\_\_\_\_, that (I) (we) last saw the deceased alive an above, (1) (we) (did) (did not) view the body after death. \_\_\_\_, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL DIRECTOR PHYSICIAN TO FUNERA should be di with the State 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT L. CUEN SAMPLIAN 1105PITAL 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) Burial Holy Redeemer Cem. Balto, City 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Belair Rd (VRA 15, 4)

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and soleta				
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1	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 2	2062
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The state of the s	3 SE	Female	Black.	S DATE OF BIRTH  JUNE 30 1910	6 AGE (IN YEARS LAST BIRTHD)	PUNDER LYEAR IFUND MONTHS DAYS HOURS
	50	OUNTRY)  4Th CAROLINA	76 CITIZEN OF WHAT COUN	MARRIED LI NEVER MARRIED LI WIDOWED A DIVORCED	DALTIM	ORE City
113/	1	3ALTIMORE	BALTIMORE	City Hospital	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSE UN FE	RKING LIFE) 12b. KIND OF BUSII INDUSTRY
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	1	THER'S NAME FIRST		Ford SUSIE	WIDDLE	BLAdgar
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rifeate physics suppose energy event, the		PART I. DEATH WAS CAUS	only one couse per line for (a), (I) SED BY.  ATE CAUSE (a)	Le Pulmman	ament	APPROXIMATE INT BETWEEN ONSET AN
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n ingred Then ple to borns njury, or	NO	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
No. by the last of	TIFICATI	190 DATE OF OPERATION AND 1974	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE YES \(\) NO
CIAN TO PAPER OF THE PAPER OF T	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PART 2)
G PHYS of the but of the but	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	21f LOCATION	CITY OR TOWN	COUNTY
TTENDEN pholosis TOR Ab for use of of Health	9	sow the deceased alive a	pital) attended the decleased f	1)	n death occurred on the date o	nd hour and from the couses s
the hear AL DIRECTORY of Directory of Brand		P. Alkom	einsk	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
HOSPIT, uned by PORTAN	1	224 PHYSICIAN'S NAME (TYPE	MANEEH H	100 100000	etern AVE 19	
O/BP	100	URIAL, CREMATION, REMOVA PECIFY)  A RIPL		23. NAME OF CEMETERY OF CREMATORY ARDULUS MEMORI	CITYORTOWN	BALLOG:
HMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR	A WIN EL MADDRE	1 Bal 1 25a. D.	ATE REC'D. BY REGISTRAR 25b.	ESISTRAR'S SIGNATURE

THE PROPERTY OF THE SERVICE OF THE S \$12028 2 - 2.71 F. W. P. L.

1	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AN CERTIFICATE OI		REG. N	2 (	0 6 3 0
y be oge 3 death	I DECEASED NAME (TYPE OR PRINT)	Carroll	MIDDLE	Mac.	KALL	20. DATE OF DEATH	8 29	82 925 p
e a	3. SEX	4. RACE		5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BE		INDER I YEAR IF UNDER 24 HR
(ALA)	Male	Blac	ck	11 22	05		77 YRS.	THE TANK THE
35	M. BIRTHPLACE (STATE OF COUNTRY) Maryland		SA	MARRIED NEVE	R MARRIED DIVORCED	9. BALTIMORE CITY O	OR COUNTY OF	
Aled with	Baltimore	Nor	SUCHFACILITY, GIVE STREET th Charle	s Genera		12d USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	126 KIND OF BUSINESS C INDUSTRY
hould be a	Maryland	136 COUNTY	ON GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	ore YESXX		13e STREET ADDRESS	th St.	Apt.9I
OO STORY	14 FATHER'S NAME FIRST	WIDDLE	LAST		er's maiden nai	WIDDLE		Hurley
e medico	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	)			Mackall 1.		th St.Apt.
near by me arrests a please remove co ouriel, cremation, a y, or other troumot	Canditions, if any gave rise to in cause (a), stat underlying caus	y, which (b), mediate and the DUE TO.	ORAS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO D	INCE OF A	SCVD ED TO THE TERM	HCVD	and Dition GIVEN	IN PART I (o)
rithicate has been signal distributed has been signal the intel Hygiene prior to be mil 18 shows any injur	THE CENTRAL OF OPERA  THE CONTRIBUTIONS  OR CONTRIBUTIONS  OR CONTRIBUTIONS	DERLYING   216. TIME CAUSE OF DEATH HOUR		OPERATION WAS PER  WE AY YEAR 19	R	200 AUTOPSY?  YES NO	IN CERTIFYIN	
s the buris and Mer ked ar Ite	(IF EITHER NOTIFY MEC	RRED 21a PLAC	CE OF INJURY STREET FACTORY, OFFICE, F	211 LOCA	TION	CITY OR TO	NWC	COUNTY STATE
TO FUNERAL DIRECTOR. Afti	saw the decea	AME (TYPE OR PRINT)	dy after death.	BZ, and that in the DEGREE	ATTENDING PHYSICIAN	death occurred on the d	ate and hour an	82., that X (we) lod from the causes stated  22c. DATE SIGNED  08/29/
show with	23a. BURIAL, CREMATION (SPECIFY)		23c. N	NAME OF CEMETERY O		23d LOCATION CITY OR TOWN	r Has	PITAL-BAZ DUNTY STATE
P	BURIAL 24 FUNERAL DIRECTOR	9/3,	/82   Ar	butus Me	m. Pk	Arbut	15	Md .
AH - 16 50M 1/81 (VRA 15, 4)		rch F/H 11	01 E NO	rth Avenu		33 1 1982	Co Cu	I Court



item 8 76570 8/18/82 ph

FOR

Henry Modern mig-ni-tive lime. Leone ". Nation - Bolto, Mi. William aur.19,82 St. Island Constant Haintennooms, M. 22286 limeral lone Detributed on Mr. 2138 Atta Line Second Stand

MPORTANT: If Item 21 is morked at

York Road

Balto., MD

HMH - 16 50M 1/81 (VRA 15, 4)

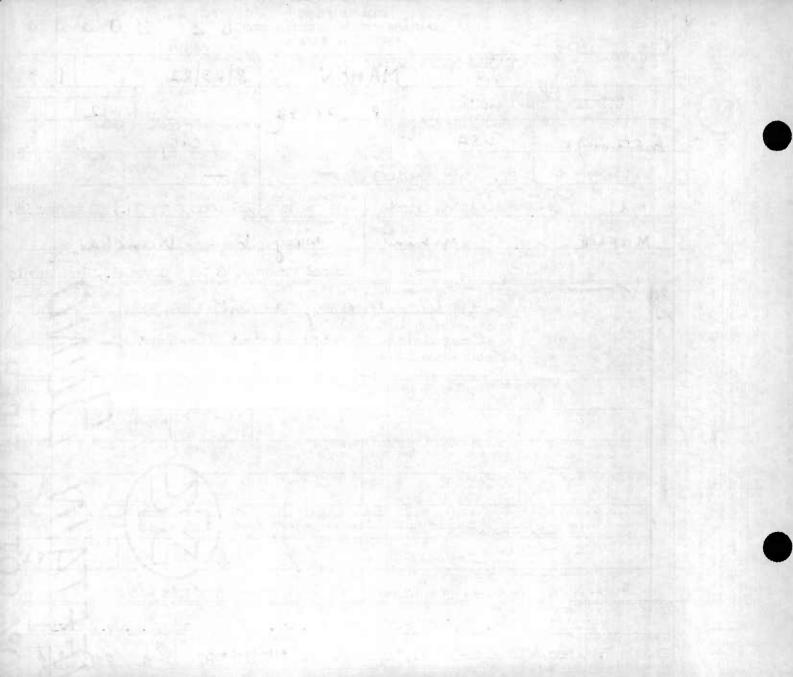
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTI	FICATE OF E	DEATH	REG.	NO	1 7 9	
		CEASED NAME	FIRST	N	MODLE	A LEVEL TO	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 15
		ORPRINIS	MIT	TIE H	ALL	MAGE	RUDER			8-	8-82	10 A N
	3 SE	X		4 RACE		5. DATE	OF BIRTH		6 AGE IN YEARS LAST E	HRTHDAY}	IF UNDER I YEA	R IF UNDER 24 HRS
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E	7a. 81	IRTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF V	WHAT COUN	VIRY? 8	ED NEVER		9 BALTIMORE CITY		TY OF DEATH	-
3		Maryland		U	SA	WIDOW		VORCED []	QALTI	mok	EC	174 MD
1	10 C	ITY OR TOWN OF DE.	ATH 1			URSING HOME		TITUTION	124 USUAL OCCUPA	TION	126. KIND	OF BUSINESS OR
	LE	BALTIMO	RE	KESW		NURS	ING	HORE	Homen			n Home
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2	N	Maryland				imore	YES	NO [	4100 N.		les Str	reet
	14. FA	ATHER'S NAME		AIDDLE	LAS		15 MOTHER'S	MAIDEN NAM	ΛE			
O		Robert		_ee		all	M	av	MIODIE		Bowlin	AST
7		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMA		ADD	RESS	DOVVIII	IG.
		No	(IF TES, GIVE	WAR OR DATES)	220 6	8 3533	Flore	nce M	agruder.		Sa	me
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		4141	)	CAGOL (0)								
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		DARK DOTHER CLO	WEIG IN IT C	(c)								
	Z	PARI 2. OTHER SIGI	NIFICANTO	DADITIONS CO	NIKIBUTING	G TO DEATH BU	I NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	ADITION G	IVEN IN PART 1	.101
F	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDIT	TION FOR W	HICH OPERATIO	ON WAS PERFO	RMED	200 AUTOPSY?	120b. JF Y	ES, WERE FIND	INGS USED
1	FIC									IN CERT	IFYING CAUSE	S OF DEATH?
R	ERT	21g. ACCIDENT WAS UN	DERLYING	21b. TIME OF	INTURY		1214 HOW IN	ILIBY OCCUPE	YES NO X		YES	NO 🗌
1		OR CONTRIBUTING	CAUSE OF DEAT	110110 11		DAY YEAR		JOHN OCCORR	LD (ENIER NATURE OF IN)	URTINITEMIA	PARL (ORPARIZ)	
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	ME	WHILE NOT WE		21e PLACE C	ET, FACTORY, O	FFICE, FARM ETC )	211 LOCATIO	)IN	CITY OR I	OWN	COUNTY	STATE
		AT WORK AT WO	)RK				1.77			- lo-	<b>8</b> A	SATURE OF THE SAME
		220.1 certify that (1)			decensed f	00	124	19 82	. 10	5/8		, that_() (we) last
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		22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22e ADDRES	5				L 755
		E. Hunte	r Wil	son, J	r N	ND	Kesv	vick H	ome, Bali		Md. 21	211
	23a 8	BURIAL, CREMATION.				23c NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION			
		Burial		8/10/		Ft. L	incoln	Cemet	ery Blac	lensbu	ura.	STATE
	24 FL	NERAL DIRECTOR	Henry	W. Je	nkins	& Son	s Co.		RECD. BY RECISTRA			
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1	1 -	STATE REGISTRAR	DEPARTM		CATE OF D		IENE 8 2	NO.	0 0	3 3
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9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH (	OPERATION	WAS PERFOR	MED	200, AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR			ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
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17 17 11		22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not	View the body ofter death				eoth occurred on the c	date and hour o		that (I) (we) lost couses stated
E			Mon M.O.		PI	TENDING HYSICIAN	MEDICAL STA	AFF CIAN D	22c. DATE 5	23 82
		220 PHYSICIAN'S NAME (TYPE OR) AMARPREET	SINGH DHILL		22e ADDRESS	t. Ag	nes Hospi	tal.		
. 2	(5	Burial	236. DATE 236. N Aug. 24, '82 G1		metery or cr ven Mem	. Pk.		ie,A.A.	Co.,Ma	ryland
		orge J. Gonce, 40	001 Ritchie Hg.,	Baltir	nore,Md	AUG	25 1982	25b REGISTRA	O C	JRE



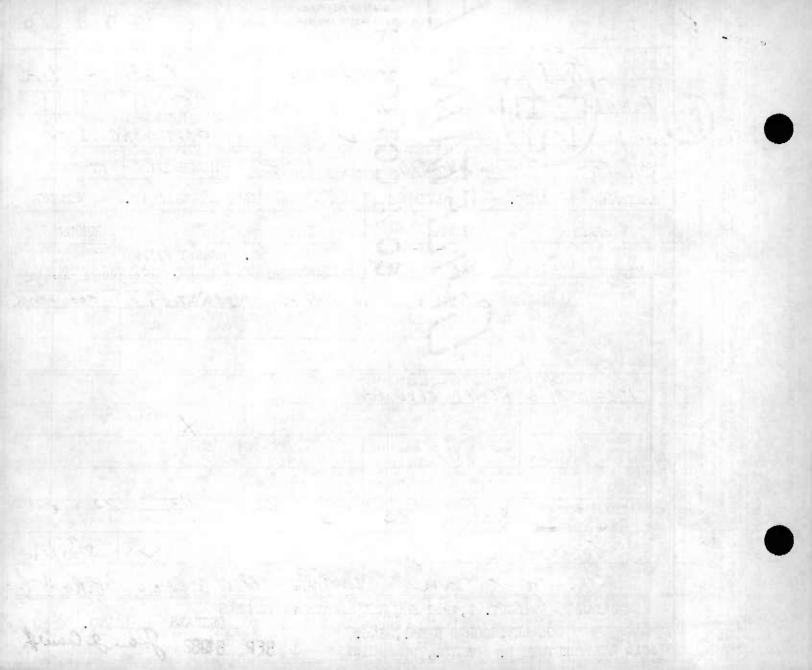
	10	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 2	20	5 5 4	
		1. DE	CEASED NAME FIRST	M	MIDOLE	· i	AST	20. DATE OF DEATH		EAR 26. HOUR	-
	1 20		ADDIE		B	m	aisel	8-28-82		626	P
	000	J. SE		4. RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I	YEAR IF UNDER 24 HRS	-
1	Am All		Female.	Whi	te	04	-08-99	83	YRS.	DATS HOURS MIN.	
	元 とんない ちつて	Ta. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEA	TH	
	100		md.	135	A	WIDOWE		Baltin	ore Ci	the Mr	D
	1 17/	10. C	ITY OR TOWN OF DEATH			G HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. KI	IND OF BUSINESS OR	?
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212	مراه و ا	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE	AOMISSION)					-
AND	filled filled			timore	13c. CITY OR TOW Catonsvi		YES NO V	500 IN	SLESIDE	AVE.	
SYL.	ately 2 st	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
WA	old m	1	Robert	wh	vite.		Emma		Bank	S	
m,	d co		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	4545 Roxbu		_
NO N	Pog Pog	(	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR OATES)	213-48-1	778	Mrs. Nancy E				
ALT	sicio pers ol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				. 1-			PPROXIMATE INTERVAL WEEN ONSET AND DEATH	=
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N S	ding arbo or re		0119		AS A CONSEQUE	NCE OF	<i>J</i> ,				_
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PR	he o he o ema emat		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE				4-77-1-1		
× .	by t ose r I. cre		underlying cause last.	(c)	AS A CONSEQUE	INCE OF			01,47,01,00		
5, 20	gned n ple burio ry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	-			DITION GIVEN IN PA	RT 1(o)	=
ORD	en si The or to r inju	ICATION	147	enosel	notic		cholascular	Sistant	1		
RECO	n. nas ber permit ne pric	FICAT	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F	USES OF DEATH?	
TAL	The sign of the si	CERTIFI	71a ACCIDENT WAS UNDERLYING	7 21b. TIME OF	IN II IPY	- 22/22	21c HOW INJURY OCCUR	YES NO	YES [	NO 🗆	_
7			OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	YEAR	THE HOW HAJORT OCCOR	KED (ENIER NATURE OF INJU	KY IN HEM IS PART I ORPA	(12)	
Z	r sich	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 71d, INJURY OCCURRED	P.A. 21e. PLACE C		19	21f. LOCATION				_
DIVISION OF VITAL	tend the b	WE	WHILE NOT WHILE		EET, FACTORY, OFFICE F	ARM, ETC )	STREET	CITY OR TO	wn coun	ITY STATE	
2	Afte Pos olth olth		AT WORK	2.12.00.1.1.10	1 17	17	301.83	8	78/ 28		_
	OR: OR: or usi	1	220.1 certify that (4) (this hasp saw the deceased alive or		2 8 19 8	7- 00	d that in (our) opinion	death occurred on the d	nte and hour and from	m the couser stated	ı
	ATI lospi ECT ed fo ot of om 2	4	obove, (1) (ma) (did) (did in 27b. SIGNATURE	on view the body	ofter death.		DEGREE	doon becomed on my d		DATE SIGNED	_
	he he hoche be Dep	53	THE SIGNATURE	1sm	2		ATTENDING	MEDICAL STA	FF S	8/28/8)	
	by by by By ANT		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			PHYSICIAN [ 22e ADDRESS	DIRECTOR PHYSIC	IANIA	7-0/02	_
	TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State limPORTANT:		0	· SIN	HA		SAINT F	AGNES Hi	SPITAL		
	TO HO TO FINANTIA WITH IMPO	23o.	BURIAL, CREMATION, REMOVA			AME OF C	METERY OR CREMATORY	23d LOCATION		<del></del>	=
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 A CRETIFICATE OF DEATH  TOPE SECTIONS  THE PROPERTY OF THE PRO	/1		STAT	E OF MARYLAND		
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(VRA 15, 4) 6010 REISTERSTOWN RD BALTO. MD 21215 SEP 81982			,			



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the the	er fr	8	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	' ()		
W tod you	of h		underlying couse lost.	(c)				
20 20 Ped	0.0		PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1	10.
RECORDS, law requir	ra b njor	O	HI	34				
CO	D 277	ATE	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDS	INGS USED
	2 5	CERTIFICATION				YES NOXX	IN CERTIFYING CAUSES	S OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN; The  offending physicion  offent this certificate in  offen this certificate in	sh o	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		- Land	NO []
AN Phys	O LE		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	LED LEWIER NATURE OF INJURY I	NIEM IS PART I ORPART 21	
SIC SIC	Item	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19	The state of the state of		
PHY end)	N Po P	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
5 0 5 m	hor		AT WORK NOT WHILE AT WORK					
TO A	ealt s	£0.		tal) attended the deceased from.	MARCH 17 19 82	_ to _ JULY ]	. 19 5	that (1) (we) last
TTEP TTEP TO TO	of H 21 i		sow the deceased alive on	it) view the body offer death.	ond that in (my) (our) opinion	deoth occurred on the dote	and hour and from the	couses stated
R A hos	e pt		Th SPANTATURE	A 1	DEGREE		22c DATE	BIGNED
o he o	E D		fuir.	N. Tal	ATTENDING	MEDICAL STAFF	9	13/12
by ERA	S Z		THE PHYSICIAN'S NAME LITYPE O	DR PRINT)	220. ADDRESS	DIRECTOR   PHYSICIA	NU 1 .	2005
So Se	the TX					on Plud Pal	to Md E	66-6261
0/10 03	MPORTANT: I		Louis N. Randa	<u> </u>		on Blvd. Bal	to., Ma. 50	50-0204
UX (// 1)	, ,	- 1	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNTY	STATE
BP/	0		BURIAL	9/4/82 M	t. Mitchell Cem	Fort Mit	chell	Va.
DHMH - 16 50	OM 4/B2	24 FL	INERAL DIRECTOR	ADDRESS	25a DAT	E REC'D. BY REGISTRAP 25	& REGISTRAR'S SIGNA	
(VRA 15,		Wn			orth avenueSEP	8 1982 4	angh Com	us,
					AL VIII G V CII G C II I			

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- STATE

(TYPE OR PRINT)

REGISTRAR

23g. BURIAL CREMATION REMOVAL

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/BI

(VRA 15. 4)

23b DATE

8/10/82

Wm. March F/H 1101 E. North Ave.

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

231 NAME OF CEMETERY OR CREMATORY

Baltimore Cem

23d, LOCATION CITY OR TOWN

DATE REC'D. BY

REG. NO.

26 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

MDTE

COUNTY

COUNTY

226 DATE SIGNED

INDUSTRY

IF UNDER 24 HRS

2a DATE OF DEATH MONTH

9	1	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HY	GIENE 8	2 REG. NO.	2 (	) 6	3 9
		CEASED NAME FIRST	H O	MARI	ST FY	20 DATE O		7	YEAR 82	26 HOUR 9:40AA
	3 SE		4 RACE	5. DATE C	F'BIRTH //	6. AGE (IN	YEARS LAST BIRTHD		INDER I YEAR	IF UNDER 24 HRS
1		FEMALE	W	MONTH 7	26 YEAR 15		67	YRS	THS DATS	HOURS MIN.
H	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) ALABAMA	76. CITIZEN OF WHAT COULD	MARRIEI	D DIVORCED		TIMORI	OUNTY OF		MD
H	10.0	BALTIMORE	SAINT AGNE	STREET ADDRESS)		ETYPE OF WOR	OCCUPATION  REFORMOST OF W  MAKER		126. KIND C INDUSTRY	F BUSINESS OR
33	130		OTHER INSTITUTION GIVE RESIDENCE ITY OF SEVEN	RTOWN	13d INSIDE CITY LIMITS? YES NO	13e. STREET		PENDE	NCE	COURT
120	14. F.	ATHER'S NAME FIRST Charles	MCGY		IS MOTHER'S MAIDENNA FIRST Hattie	AME	WIDDLE		LAS	
2	160	WAS DECEASED EVER IN U.S. AR. YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-12-1026	Robert J.Ma	rkey	1763 Seve	Inder	ryland	ice Cour
event,		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE 11 27 5 IMMEDIAT	ly one couse per line for (0), DBY: E CAUSE (0) CARS	10 - R	SPIRATORY	Aci	rest,		BETWEEN	MATE INTERVAL ONSET AND DEATH
njury, or other traus	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION		NOT RELATED TO THE TERA	MINAL DISEAS	E OR CONDIT	ION GIVEN	IN PART III	2
19	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION	WAS PERFORMED	200 AUTO	DPSY? 20	Db. IF YES, W CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATH?
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NA	NTURE OF INJURY IN	TITEM 18 PART	ORPART 2)	
orked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM ETC )	211 LOCATION STREET		CITY OR TOWN	N.	COUNTY	STATE
n 21 is mo		220.1 certify that (I) (this hospit sow the deceased alive an above, (I) (ye) (did) (did no		19 82 on	, 19 <u>82</u> d that in (my) (our) apinion	, to death occurre	8-7 ed on the date			that (I) (we) lost couses stated
E State Dept	4	226. SIGNATOR drew	Tropa		PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	22c. DATE	SIGNED 7/PZ
with the Stat		ANDREW	TROFA		900 Caton	Ave.	Bat	timor	e m	021229
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 8-11-82		wn Cemetery	AI	crown	Sum		STATE
M 1/81 4)		uneral director arzullo Funeral	Service Re	eistersto	wn,Md.	AUG 1 C	1982 (	BEGINTRAR	SSIGNU	philly.

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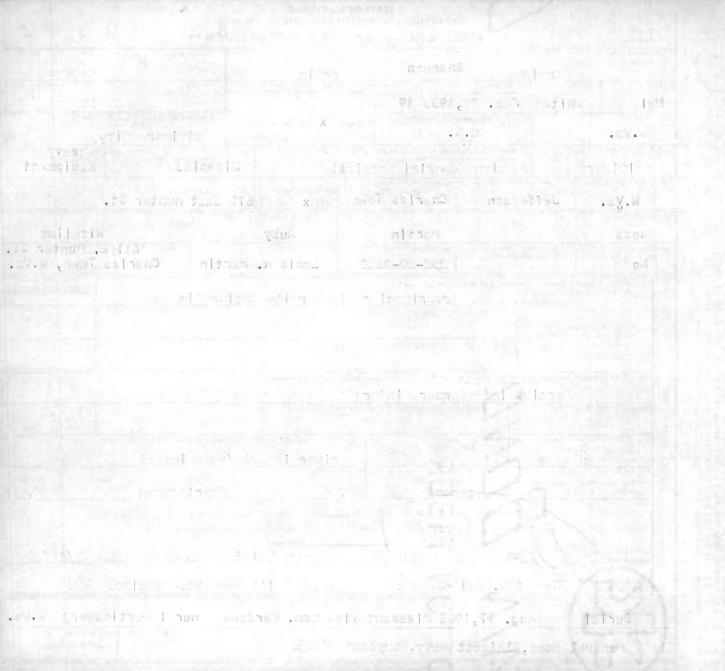
	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 6 4 U  CERTIFICATE OF DEATH  REG. NO.							
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR				
E 4	(TYPE	Babi 6	iel Marshall	Twin 8	8/24/82	107 04				
1 3 5	3. SE		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS				
0		Female	Caucasian	MONTH DAY YEAR	2 Dave YRS.	DNTYS DATS HOURS MIN.				
مروان ا			CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	OF DEATH				
BOH		att md	U.S.A	WIDOWED DIVORCED		CITY MD.				
200	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
30		Bal 4 more	University of	md Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY				
pine 235	130. 5	AL RESIDENCE (IF NURSING HOMSON OF COLORS	CCCI Z IBCITY OR TOW		130. STREET ADDRESS 5 & Panite A	uenue				
2 54	14 FA	THER'S NAME		IS MOTHER'S MAIDEN N	AME					
076 ond 2		John A	7 Black	-44 LOIS	4 marshall	LAST				
dicol			ED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS					
	C	ES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	Ve Janice	W. Koch					
sicio pers ol.		18 CAUSE OF DEATH (Enter only	one cause per line for (o), (b), on	d (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
event,		PART I. DEATH WAS CAUSED	CAUSE (D) CONCO . ED	Imprary arrest	<u> </u>					
orr		165	DUE TO, OR AS A CONSEQUE	NCE,OF						
troum	100	Conditions, if ony, which	( 16) prem	stuity						
other tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
or off		underlying couse lost.	(c) pn	emotherax						
lo bur	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)				
prior 1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED				
Shows	IFIC				YES 12 NO YES	NG CAUSES OF DEATH?				
18 sho	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	<u> </u>				
Hem ]		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR						
or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION						
olth and morked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE				
E OF		22a. I certify that (I) (this hospita	ol) ottended the deceosed from_	, 19	, to, 19	P, that (I) (we) lost				
of H <sub>c</sub>		sow the deceosed olive on_	ve on							
HOSPITAL OR ATTI ined by the hospit FUNERAL DIRECTG wild be detoched for hithe State Dept. of hithe State Dept. of		276. SIGNATURE DEGREE 226. DATE SIGNED								
		m	per, mD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/24/82				
TANI TANI		224 PHYSICIAN'S NAME (THE CA	repd)	22e ADDRESS	11 11 1	1 2 1 1				
should be del		Susan E	· Mon	per Unia	usity Hospita	,1, rediatric				
₹ ₹ ₹		URIAL, CREMATION, REMOVAL	23b. DATE 23c. F	AME OF CEMETERY OR CREMATORY						
	L	Beria L	8-27-82 We	stloftingham	Colora Ce	Cal . Md				
OM 4/82	_	INERAL DIRECTOR	Milla	110 N 75 H. 250. DA	ATE REC'D BY REGISTRAR 20 REGISTR	ALS STATUTEL				
0/4/ 4/ 02	1	, NAME	ADDRESS ADDRESS	c. mil A	16301901	~				

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-4	1				STAT	OF MARYL	AND				
R.	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYG DEATH	REG. N	2	0 6	4
-6		CEASED NAME FIRST		MIDDLE		AST	New York	2a DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
丁/丁城州)		ELL		R	MARS				23, 198		10:30A
1603	1,58	X	4 RACE		5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BI	MON	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female	Blac		5	18	24	5	- TRO		
00 12 121	Te. B	RTHPLACE PLIATE OF TOREGO	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER !	MARRIED -	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
1, 35-80	Maryland		USA		WIDOWED DIVORCED			BALTIMOR			
1 352:	1	ITY OF TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		R OTHER INS	TITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
302		LTIMORE	THE JOHNS HOPKINS HOSPITAL								
5 3 5 5	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION	136. CITY OR TOW Baltime	N	13d INSIDE C	NO [	3607 Wab	ash Av	enue	
UFODA	14. E	THER'S NAME	MIDDLE	IAST		15. MOTHER	S MAIDEN NA	ME	4442	IAS	
100	1	Nicholas	E.	Rice			eatrice	е		Deni	nis
P & 00 /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDR			
0.0				212-20-	3129	Howar	d H.Ma	arshall 3	607 Wa	bash	Ave.
physics copin		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PREMIONITY  IMMEDIATE CAUSE (a)  PREMIONITY  IMMEDIATE CAUSE (a)									
5 200		3050									
		Conditions, if any, which ( 16) Acute Myelocytic Leukevice 1 month									
Commo	18	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
Then ple Toponio	NO	PART 2. OTHER SIGNIFICANT RENAL	CONDITIONS CO		DEATH BUT	NOT RELATED	TO THE TERM	inal disease or con	DITION GIVEN	IN PART 110	13
11217	IFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED					RMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
1110	1	Binto benzi					YES NOW YES NO			NO [	
Hyg Hyg	1	21a. ACCIDENT WAS UNDERLYING		OF INJURY	V VEAD	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
19817	13	OR CONTRIBUTING CAUSE OF DE		M.	19	B. Ja					
4 8 P	MEDIC	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	A DAA ETC I	211. LOCATIO	ИС	CITY OR TO	)WN	COUNTY	STATE
1 1 1 1	2	AT WORK NOT WHILE AT WORK	(AT HOME, ST	ALLY, PACIONI, OFFICE, F	ARM, ETC. J	1013	12	0	100	-0	
A SECTION A		22a 1 certify that (1) (this hosp	inat) attended th	e deceased fram_	18	114	_, 19_02		25 19	OC- ,	that (I) (we) last
210		saw the deceased alive a abave, (1) (we) (did) (did n	n 8/2°	ofter death	L. ar	d that in (my)	(aur) apinian d	death accurred an the d	ate and haur a	nd fram the o	causes stated
2 P P P P		226. SIGNATURE	06	0		DEGREE				22c. DATE	SIGNED
A D D		Kenneth Mark ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN BELZ3									
S S S S S S S S S S S S S S S S S S S	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	,		22e ADDRES		, , , , , , , , , , , , , , , , , , , ,	-	1 0	
교육 등		Kenneth	Mai	ek		Joh	ns (too	kers Hos	total		
5413	23a I	BURIAL, CREMATION, REMOVA		- 1	NAME OF C	EMETERY OR	O 01-14	23d LOCATION	1		
		BURTAL.	8/27				V	CITY OR TOWN	, ,	VINUO	Md.
16-50M 1/81	24 F	JNERAL DIRECTOR	0/21/		V V	etera	250. DATE	E REC'D. BY REGISTRAR	256 RESISTRA	R'S SIGNATI	
(RA 15, 4)	TAT	m C March	F/H 11	01 F NC	rth	Avenu	e M	IG 24 1982	John	2	shelf

Assess L

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 7b. HOUR KNOWN MONTH DAY (TYPE OR PRINT) OF ESTI-Shannon DEATH MATED Harold Martin 4 1982 12:05 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR 3. SEX IF LINDER 24 HRS DATE EAST BIRTHDAY) PRONOUNCED Male White Feb. 20,1933 49 DEAD 1982 Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S. Baltimore City. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK PORMOST OF WORKING LIFE) Equipment Baltimore Union Memorial Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE Charles 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO 1 611 East Hunter St. Jefferson YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EHPST Martin Ruby Wickline Ross 18. GIVE PAGE: WITH FORM IT. PAGES 1 AN 17. INFORMANT E. Hunter MAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. ADDRESS 611 Charles Town, W 232-60-8220 Lenis R. Martin No 2 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN PENCIL IN 1IEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR PASS 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
IND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 left forearm injury Massive 198. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 HOUR AND MONTH DAY YEAR 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8: 15PM Driver in auto/auto impact TIE PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BATTIMORE, MARTIAND, \$120! P AT WORK AT WOT WHILE STREET STATE COUNTY Rt. 9 Charlestown W. Va 77s I certify that I tool Inspection and in my apinion death resulted fro Undetermined manner TITLE (SPECIFY) ACTUAL 8/14/82 M. Deputy ChiefeDICALEXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Rural Martinsburg Aug. 17,1982 Pleasant View Mem. Gardens BP 24. FUNERAL DIRECTOR **DHMH - 17** SLACK Funeral Home, Ellicott City, Maryland 21043 (VR A15 ME (5) 20M 4/B2



						SIA	IE OF MAKT	LAND				
10	1 - S	OR - TATE EGISTRAR			DEP		HEALTH ANI FICATE OF	D MENTAL HYG DEATH	0 .	EG, NO.	2 0 6	4 3
	DECE I	ASED NAME	FIRST		MIDDLE	= 10	LAST		2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
1			Raln	h		Ma	ctino		08/22	2/82		6:28
IMI)	1 SEX			4. RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Maria Maria		ALE		Whit	e	Jun		1904	78	YR	S.	
1 3 CV	7a. BIRTH	HPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	EDXX NEVEL	R MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
1 11-2/		taly		U.S.		WIDOV	ED	DIVORCED			e City	MD
200	10. CIJY	OR TOWN OF DEA	ATH	(IF NOT IN SU	HOSPITAL, NE CH FACILITY, GIVE S	JRSING HOME STREET ADDRESS)	OR OTHER IN	ISTITUTION	120. USUAL OCO		G LIFE) INDUSTRY	OF BUSINESS OR
302	Ba	altimore	e J	Jol	nn Hop	kins l	<u>lospit</u>	tal	Self-Er	nployed	Liquo	r Store
5.0	3a. STA	RESIDENCE   IF NURS	131 COUN	OTHER INSTITUTION	13c. CITY OR			CITY LIMITS?	13e. STREET ADD			
		<u>land</u>	Ce	cil	Perr	yville	YES 🔀	NO 🗌	327 Aik	en Aver	nue	
W 7/	14 FAIH	ER'S NAME FIRST	A	MIDDLE	LAST	160		R'S MAIDEN NAA		DDLE	LA	
1 11/16		Luigi			Mart:		_	sario		1000000	Marti	ni
15 20		S DECEASED EVER		MED FORCES? E WAR OR DATES)	1000	SECURITY NO.	17 INFORA			ADDRESS 327 Aik	en Avenu	е
100	1	Vo			215-3	2-0040	Nann	ie M. Ma	rtino I	erryvi	lle, Mar	
0.70	18	PART I, DEATH W	H (Enter onl	ly ane cause pe	r line for (a), (b	o), and (c).)		0				ONSET AND DEATH
1040	10	5713		E CAUSE (a)	Heput	orenal	sym	drome	130000		300	ayou
4 90 9	1	2		DUE TO, O	R AS A CONS	pulgare, 10	,				30	
a Nata		Canditions, if any,		(b)_	gebo	rlie d	iseas	2			40	years
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4 10 1				(c)_		rholis					100	peace.
1 1 1 1	Z P.	ART 2. OTHER SIGN	NIFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RELATI	ED TO THE TERMI	0		GIVEN IN PART 1	01
7	OF P	DATE OF OPERA	- KOAA	18h COND	ITION FOR WI	HICH OPERATION	NOWAS DEDE	Maa	1 280. AUTOPSY		YES, WERE FINDI	NCCHEED
OZ	5	8/16/8	7	n	0		1	OKMED		IN CER	RTIFYING CAUSES	S OF DEATH?
68.7044	H 21	a. ACCIDENT WAS UNI	DERLYING T	216. TIME C	Reede	no va	4	INJURY OCCURR	FD (ENTER NATURE		YES 1 OR PART 2)	NO 🗌
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 0	R CONTRIBUTING	CAUSE OF DEAT	TH HOUR A	M. MONTH				LE TELLIANIONE	OF HOURT PATIENT	TART ORTHRES	
# 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		d. INJURY OCCUR			.M. OF INJURY	19	211 LOCAT	TION				
平音 海子島東	星 ,	NOT WELL			REET, FACTORY, OF	FICE, FARM, ETC.)	STRE		CIT	YORTOWN	COUNTY	STATE
20401	-	a.l certify that		t hebrette de	e deceased to	am 8	16	19 8 2		2/22	10 8 2	that (h (mo) last
- F. C. C. C.	<b>"</b>	saw the decease		6.1.		um			eoth accurred an	7 -	haur and from the	
A de la	22	abave, (1) (we) (6	did)( <del>did not</del>	) view the bady	after death		DEGREE				22c. DATE	
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1 4 2 2 7	22	d. PHYSICIAN'S NA	AME (TYPE OR	R PRINT)	7		22e. ADDR		DIRECTOR [	HTSICIAN DO	0/2	-2102
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5 5 5 5 3	23g. BUR	IAL, CREMATION,		23b. DATE		23c NAME OF		R CREMATORY	23d LOCATIO			7
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(VRA 15, 4)	CER	SE HATTE	BECKE	KUTOKU	HO SAR	Zize. M	arvlan		631 198	don	might the	mery

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R	STATE OF MARYLAND	
	1- STATE Item 18b Film 571 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 6	4 4
	REGISTRAR 9-23-82 cn CERTIFICATE OF DEATH REG. NO.	
X	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 21	b. HOUR
( FORM	SAMANTHA C. MARX 8 30 82	IAM
[ (4304)	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR II	F UNDER 24 HRS
	Female Cauc 8 10 82 YRS. MONTHS DAYS 1	HOURS MIN,
2 89 /9/19	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
1 1 7 /	USA WIDOWED DIVORCED BALTO CITY	MD.
1 11 1//	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	SUSINESS OR
6 1 11	PACTO SINAI HOSPITAL BALDING NO	
20 00 100	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  10. STATE 136. COUNTY 136. INSIDE CITY LIMITS? 136. STREET ADDRESS	
2 2 1300	MD BACK BACK City YES D NO 129 Willow Bend #ZA	2/117
1 12 NO	FATHER'S NAME  FIRST MIDDLE LAST  LAST  FIRST MIDDLE LAST	
W P PO A	Frederick J. MARY UR. SUSAN J. LOTTELL	
# 4 4 A	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
IMO	(YES, NO ORUNNOWN) (IF YES, GIVE WAR OR DATES) - LINDA HENN NNP SIVAI HOSPITAL	phond.
MALT Species		TE INTERVAL SET AND DEATH
The phy man and the second sec	PART I. DEATH WAS CAUSED BY: CARDIC Arrest	
No ding	7775 DUE TO, OR AS A CONSEQUENCE OF	
feart feart	Canditions, if any, which (b) NEC Necrotizing Enterocelitis 2 day.	5
E 2 216 1	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
N hort	underlying cause last.	
20 Property of V	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
A P P P P P P P P P P P P P P P P P P P	1 25WK GESTATION	
3 41467	25 WK 9 STATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
# 20 Date	YES NO YES	NO [
N A STATE OF	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY  OR CONTRIBUTION COLUMN CONTRIBUTION COLUMN	
\$ 20 TOF 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19	
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NIS OF THE PROPERTY OF THE PRO	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	31616
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the party of the p	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/20/	82-
AN SERVICE OF SERVICE	220. ADDRESS	0
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1 1 1 2 1 1 E	236. BURIAL, CREMATION, REMOVAL 235, DATE 236, NAME OF CEMETERY OR CREMATORY 236 OCCATION	
(1) 0 UBP	ISPECIFY BURIAL 8-31-82 MEADOWRIDGE GEM. SALTO. MD.	STATE
24		E . 17
DHMH - 16 50M 4/82 ( (VRA 15. 4)	NAME OF TOOL - 7527 JORRESS JOHN POLITICAL POL	meny

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COCKEYSVITTE Md. 21030  236. BURIAL, CREMATION, REMOVAL 236. DATE  1236. NAME OF CEMETERY OR CREMATORY  1236. LOCATION  CITY OR TOWN  APPRESS  259. DATE REC'D. BY REGISTRAR'S SIGNADRE  ADDRESS  ADDRESS	OR boche	**		THE SUPIATURE CU	ella,	MA ATTENDING PHYSICIAN [	DIRECTOR MACHYSICIAN	8/23/02
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		STATE	OF MARYLAND			
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noy be poge 3 ir deoth	1. DECEASED NAME (TYPE OR PRINT)	V. K. MA	THEWS 20	DATE OF DEATH MONTH	7. 82 9:2	901
ector, po	3. SEX Male	4 RACE White S. DATE OF MONTH June	BIRTH 6. A	AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS M	HRS.
01183	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	75 CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED	LI NEVER MARRIED L	Baltimore City or Cou		MD.
. (19)34	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  BOR Secour Hospi	(1)	O USUAL OCCUPATION  Textile Work		OR
n 24 llour	Md 136 COI	- Baltimore	YES X NO	street address 1839 Dover	Street	Say
ompletely	14 FATHER'S NAME FIRST ISTAEL	Mathews	Eltie C.	Lawson	LAST	
BALTIMORE, cote be executed by sicon and copers. Pages, vol. 11, the medical 11, the medical 11.	(YES NO OR UNKNOWN)		Myron K. Mathe	ADDRESS ews Jr. 2200 (	Christian St.	23
S, 201 W. PRESTON ST., uires that the death certific igned by the attending phen please remove corbang. burial, cremation, or remoury, or other troumatic evenuy, or other troumatic evenuy.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT N	Pulmonar cerebral	Nephros rf edem edem	a has.	
AL RECO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION			FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO	
DIVISION OF VITAL RECORD  ING PHYSICIAN. The low requirents of the certificote has been s os the buriol-tronsit permit. In the and Aental Hygiene prior to orked or frem 18 shows any init	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK	DEATH HOUR A.M. MONTH DAY YEAR NER) P.M. 19	216. HOW INJURY OCCURRED  216. LOCATION STREET	(ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)  COUNTY STATE	E
ALOR ATTENDI the hospital on ALDIRECTOR. A sletoched for use ore Dept. of Heal	saw the deceased alive of	roar view the body offer death.	EGREE ATTENDING A	, to	hour and from the couses stated	
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903 <sub>BP</sub>	230 BURIAL, CREMATION, REMOVA	0/40/00	l Vet Cem	23d. LOCATION CITYORTOWN  Crownsville	COUNTY 2 WHATE	5
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Burree Fune	ADDRESS	ALG 4	EC'D. BY REGISTRAR 251 RE	SISTRAR'S SIGNATURE	

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Modulty Fune al Home, 130 Enfort Ave. Balto. M.

Aug. 14, 1982 Loudon Park (emetery

- STATE

TYPE OF PRINTS

REGISTRAR DECEASED NAME

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOUR

12h KIND OF BUSINESS OR Pollack-Blum

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

IF LINDER 24 HPS

IF UNDER 1 YEAR

above

Supt

YES [

Baltimore

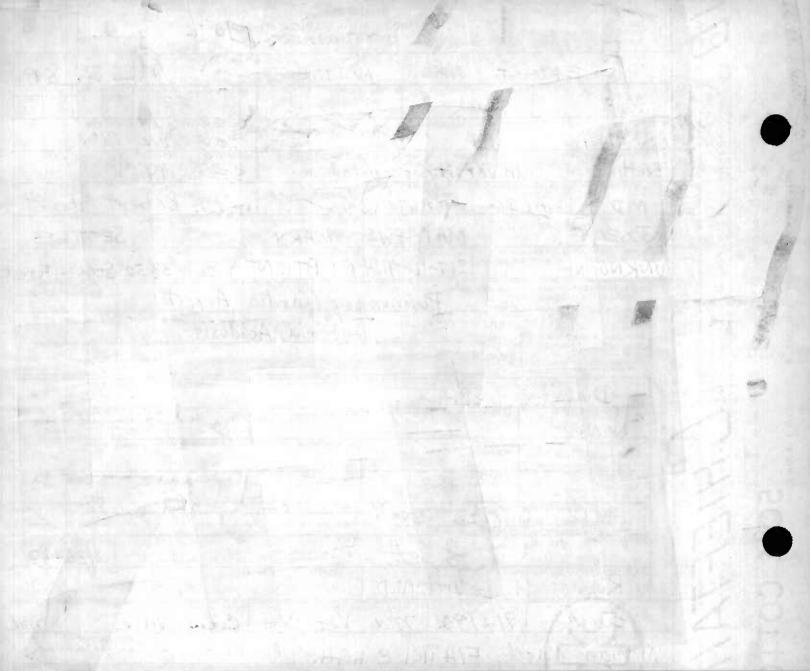
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220 DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

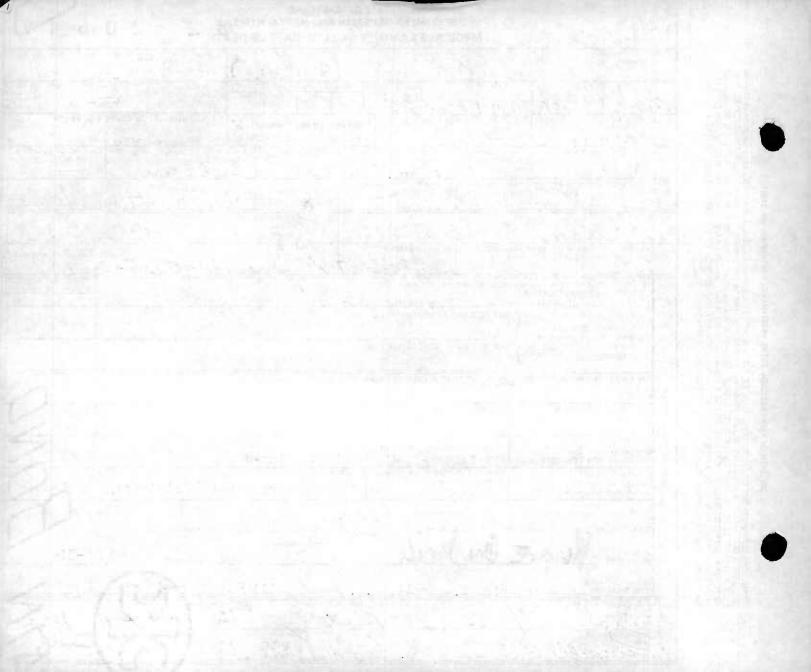
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	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2	0 6 4 8
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ge 4 mo	3. SEX Male		UNDER 1 YEAR IF UNDER 24 HRS
death. Po	78. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED   FULL NEVER	City MD.
201 by the i	Bathmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (INPOSIT WORK FOR MOST OF WORKING LIFE)  120. USUAL OCCUPATION (IVER OF WORK FOR MOST OF WORKING LIFE)  SECURITY  SECURITY	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	MD 136. C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OHNTY ALTO BALTO 13d. INSIDE CITY LIMITS? YES NO   562 Rober	+ Street.
MARYL on this on d 2 s	JOSEPH	MATTHEWS MARY MIDDLE	SETTLES
ALTIMORE, te be executivition and co	160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SINGLE WAR OR DATES) 217-16-4134 Patrica Johnson 3632	Steven Forest
PRESTON ST., BAL he death certificate the ottending physicis emove carban paper mailian, or removal. r troumatic event, the	PART I. DEATH WAS CA	OUE TO, OR AS A CONSEQUENCE OF HYDOXIA, Acidosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. is that it ed by it please ringl, cre	couse Io1, stating the underlying couse lost  PART 2. OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENCE OF	IN PART 1 g
RECORDS, 10. Low require 10. Low require 10. Low require 10. Low reprint Then 10. Low sony injury, 10. Low reprint to but 10. Low respirators to but 10. Low		Tes Mellitus  196. CONDITION FOR WHICH OPERATION WAS PERFORMED - 1200/AUTOPSY2 1206 IF YES, W	VERE FINDINGS USED
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DIVISION TO THE TANGE OF T	AT WORK AT WORK	C/ 30 Chr	COUNTY STATE
ATTENG spitol CTOR: of He n 21 is in	sow the deceased alive	e on	
the District of the District o	Pole	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/26/82
TO HOSPITAL TO FUNERAL should be det with the Store	Robert	H. Levitt, M.D.	
140 BP	230. BURIAL, GREMATION, REMO	9/2/82 Md Vet. Cem Crownville	OUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR WITTIAM M	larch. F/H 110, E. North AUG 3.1 1982	L'SHOULE COMMENT



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) ESTI-FIGURE PRICES.
OUR FILES.
TO HOURS
TO HOURS
TO HOURS DEATH MATED 4 RACE DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 12:16 LAST BRYHOAY) PRONOUNCED 8-31-82。 DEAD PM BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED arylan WIDOWED DIVORCED D Baltimore City
120. USUAL OCCUPATION (TYPE OF WORK CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN THE FLUSED AS A BURIAL - REANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. TOF HEALTH AND MENTAL HYGIENE, DIVISION OF XITALRECORDS. IN CITY OR TOWN DE DEATH 12b KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Bookert \* abour USUAL RESIDENCE (IF IN NURSING HOME OR O 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO II. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 166 SOCIAL SECURITY NO INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO PRUNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Stabwound of chest IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBLE A SHOULD BE FORWARDED TO THE CHIEF FOR FUNEAR DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR self/inflicted MEDICAL 12:46PM 8-31-82 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION e Baltimore, Maryland STREET, FACTORY, FARM, ETC.1 Bookert Drive AT WORK AT WORK basement 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Homicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL 8-31-82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street M.D Margarita Korel (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5) 20M 4/82

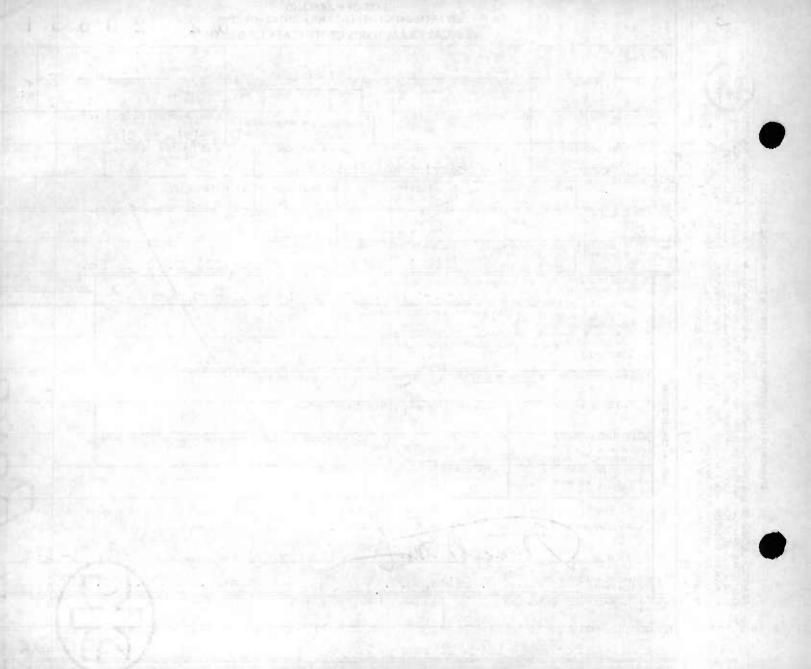
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L RE	FEAN L	CERTIFICATION	19a DATE OF	OPERATION	19b.	CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	?
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٥	X Z Z Z Z Z	23a.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE		23c. N	IAME OF CE	METERY O	RCREMATO	ORY	23d. LC	OCATION ORTOWN		Abs.	COUNTY	S!	TATE
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	DHMH - 17		UNERAL DIRECT			ADDRESS					25a. DATE F	REC'D. BY			ECISTRAR	₹'S SIGN	ATURE	. 1
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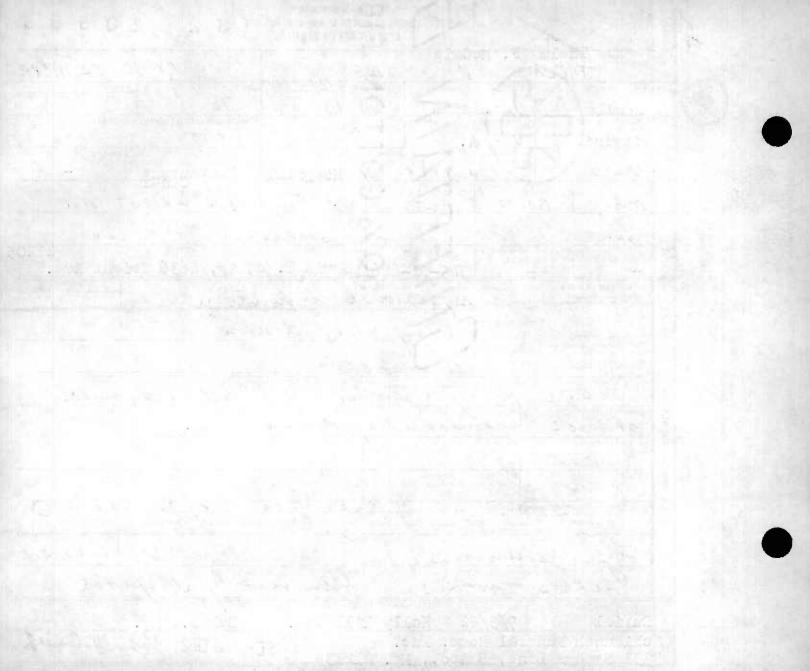


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/ mls	1	STATE OF MARYLAND
149	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 6 5 6
5.1		REGISTRAR CERTIFICATE OF DEATH REG. NO.
m.s		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
o e		Edward J. Marfield August 29 1912 3:10 Pm
(-11)	3. SE	
[[A]]		Male Caucasian 06 - 24 - 16 66 YRS MONTHS DATS HOURS MIN.
0	n B	IRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
deoth unerg		Maryland U.S.A. WIDOWED DIVORCED Baltimore City MD
i 2 3 9/1)	10. C	ITY OR LOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INDICATED THE SUBJECT OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  12. USUAL OCCUPATION (INDUSTRY OF BUSINESS OR ITY OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
S of led	L.	Saltimore Baltimore City Hospitals Security Police Port Authority
215 de in	USU 13a. :	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 132, CITY OR TOWN 134 INSIDE CITY LIMITS? 136. STREET ADDRESS
AND 24	IN	bryland Baltimore YES X NO 1 647 S. Curley Street
RYL outhin	14. FA	ATHER SNAME    FIRST   MIDDLE   LAST   FIRST   MIDDLE   LAST
MA be dumple of the property o		James Makowski Agnos Goralski
ond co		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
Poor Poor	L.	VES NOORUNKNOWN) (IFYES, GIVE WAR OR DATES) 213-09-0374 Mrs. Bertha L. Maytield
BALI ote ote spers		18 CAUSE OF DEATH (Enter only one couse per line for p), (b), and (c) )
ST., B	100	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Myocardial Interction Immediate
ron sending corbic or notice		4100 DUE TO, OR AS A CONSEQUENCE OF
deot deot fron, our	1.16	Conditions, if ony, which ( (b)
the of the er tre	M	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
1 W hot by ose		underlying couse lost.
ires i gned n ple buric	3.7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RDS equ equ The rto inju	ON ON	Cerebrovascular Disease
Necon Ilow re prior e prior	S	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED
- se de de	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?  YES □ NO □  YES □ NO □
PEVITA THEORY THEORY OF HYGIN THEORY	Ü	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY AM. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON OF HYSICIA HYSICIA Hysicia Sistential Mentol	SAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19
PHYS ending this of the burned Med Med Med Med Med Med Med Med Med M	MEDICAL	21d. INJURY OCCURRED 21e, PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE
NG PHYSICIA NG PHYSICIA of the this certif os the buriol-th ond Mental orked or frem	2	WHILE ALL WORK ALL WORK
A A A A A A A A A A A A A A A A A A A	13	27a   certify that ( (this hospital) attended the deceased from 29 Avg , 19 50 , to , 19 , that (1) (we) lost
ATTER Spirto SCTO A for in m 21 in		sow the deceased alive on 29 feet 19 27 and that m (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) twe) (did) (did not view the body ofte) death.
t c b b c a	13	276. SIGNATURE DEGREE 276 DATE SIGNED
TAL O y the RAL D detoc ote D.		ATTENDING MEDICAL STAFF 29 AU MY 2
E d B a s X		27d. PHYSIQIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
0 0 0 + 0	1	Wayne S. Buly MD Boltimore City Hasmitale
of o	23a E	BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. UDCATION
10 BP	1	Burial 9-2-82 Moreland Mem. Park Baltimore Baltimore Md.
DHMH - 16 50M 1/81	24 FL	INERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	N.	icholas T. Matthews, 302 Fastern Ave All 31 1982 John & Camel

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signed by the ottending physicion

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(1	1		REGISTRAR CEASED NAME OR PRINT	FIRST	Huch		Call	REG. N. 20. DATE OF DEATH	O. MONTH DAY	YEAR 26. HO	12. P.M
		3 SE	X Male RTHPLACE (STATE OR F	4. RACE	and	5 DATE C		70	YRS	VIHS BATS HOURS	ER 24 HRS MIN.
ed of onte	35	F	lary land	U	SA.	MARRIE	DIVORCED  DIVORCED  DIVORCED	K - /J.	note	126 KIND OF BUSIN	MD.
banoldie	13	Ual	Residence (IF NURS	THE SCIENT INS HOME OF OTHER INS		Gen.	Hosp.	Saw opera.	OF WORKING LIFE)	Box & Pap	
ine nous	37		Md .	13b COUNTY	Baltim		134 INSIDE CITY LIMITS YES Y NO  15. MOTHER'S MAIDEN	4109 Dori	s Ave.	(21225)	
3 and	00		Hugh VAS DECEASED EVER			CURITY NO.	Cathering 17 INFORMANT	ne ADDR	ESS	Spencer	
ol. the medica	1		YES NO OR UNKNOWN)	WWII	212-07- use per line locio), (b),		Clara McCa	all (same as	13e)	APPROXIMATE INTI BETWEEN ONSET AN	ERVAL
I, cremation, or remove ather troumotic event,			PART I. DEATH W	AS CAUSED BY:  IMMEDIATE CAUSE  DUE  which nediate g the  DUE	(an	did-re	Spiratory Myocardi	Attest	tian	BETWEEN QUSET AN	DDEATH
prior to burial,		CATION	PART 2 OTHER SIGN		ONS CONTRIBUTING T			ERMINAL DISEASE OR CON	20b. IF YES, W	VERE FINDINGS USE	
ond Mentol Hygiene ked ar Item 18 shaws	4	CAL CERTIFICAT	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCC	YES NO	YES [		
olth ond Me morked or It	1	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK	ED 21e. I	PLACE OF INJURY OME STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
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Stote Del			11.1	Inton		M	ATTENDIN	G MEDICAL STA	FF	C OIL	6-

23c NAME OF CEMETERY OR CREMATORY

Holy Rosamy

TO FUNERAL DIRECTOR. After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospitol or attending physician. DHMH - 16 50M 1/81 (VRA 15, 4)

8/28/82 Balto., Md. 21225 24 FUNERAL DIRECTOR Gonce F.H. 4001 Ritchie Hgwy George J.

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Comp. DATE RECD BY REGISTRAR 256 OF GISTRAR'S STGNATURE AUG 2 5 1982

COUNTY

Md.

234 LOCATION Baltimore

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11	STATE OF MARYLAND	10.9
983	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 5 5 CERTIFICATE OF DEATH	1
T THE SECOND	DECEASED NAME FIRST OLGA MAIDMCCLINTOCKAST TO DATE OF DEATH MONTH DAY YEAR 15 HOULD COLON OCK 8 1982 950	9 1/h
hector pr	SEX EMALE 4. RACE HITE 5. DATE OF BIRTH MONTH SEAT 1909 12 YEAR MONTHS DAYS HOURS YRS.	24 HRS MIN.
1000	BIRTHPLACE (STATE OR FOREIGN TO COUNTRY?)  ISCONSIN  U.S.    BALTIMORE CITY OR COUNTY OF DEATH	MD
13	ALTIMORE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IVE OF WORK FOR MOST OF WORK FOR M	5S OR
	136 INSIDE C   1 NOR	25)
1 1/20	Gabriel Matson Elizabeth Cogen	
Party of the same	(VES. NO OR UNO (IF VES. GIVE WAR OR DATES) 212 40 1324 Robert J. Matson, 214 Dauntsey Dr., As APPROXIMATE INTER-BETWEEN ONSET AND	
the requires, that the death certific been signed by the attending phone. Then please remove carboning gives to band, crenotian, or emotion only injury, or other traventic ever	PART 1. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause iol, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  ALCONALISM, SEPSISM, ASPIRATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  201 ZVRTS DRAINAN  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  201 CERTIFYING CAUSES OF DEATI	
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ATTENDE nortel er CTOR: A Storiet of to Healt in 21 is me	220. I certify that (1) (this hospital) attended the deceosed from 19 22, and that in (my) (our) opinion death accurred an the date and hour and from the causes standard, (1) (we) (did) (did not) view the body after death.	
PITAL OF thy the to ESIAL DRIE a detacher State Depti	226. SIGNATURE M CONTY  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  222. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. PHYSICIAN'S NAME (TYPE OR PRINT)	82
TO HOS reformed TO FUN with the WAOSEL	M. MCCARTHY 3001 S. HANDVER ST. BA.	26.
ВР	Cremation Aug. 20,1982 Westview Mem. Park Baltimore, Maryland	TATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. AUG 23 1982	4

~1 (3)	1			STATE OF MARYLAND		
	11	FOR - STATE	DEPART	MENT OF HEALTH AND MENTA		
(AA)	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	20658
(IAI)		CEASED NAME FIRST	WIOOFE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
eo th	JITP	EDWAR.	D John	McCoy , I	v, 2	8 16 82 452A
moy pogreter de	3 SE		ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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h. Pog	7 s. B	IRTHPLACE (STATE OR FOREIGN 7b. (	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR C	OUNTY OF DEATH
death.	IK	naryland	U.S.A.	WIDOWED DIVORCE	D 174110.	Z ITY MD.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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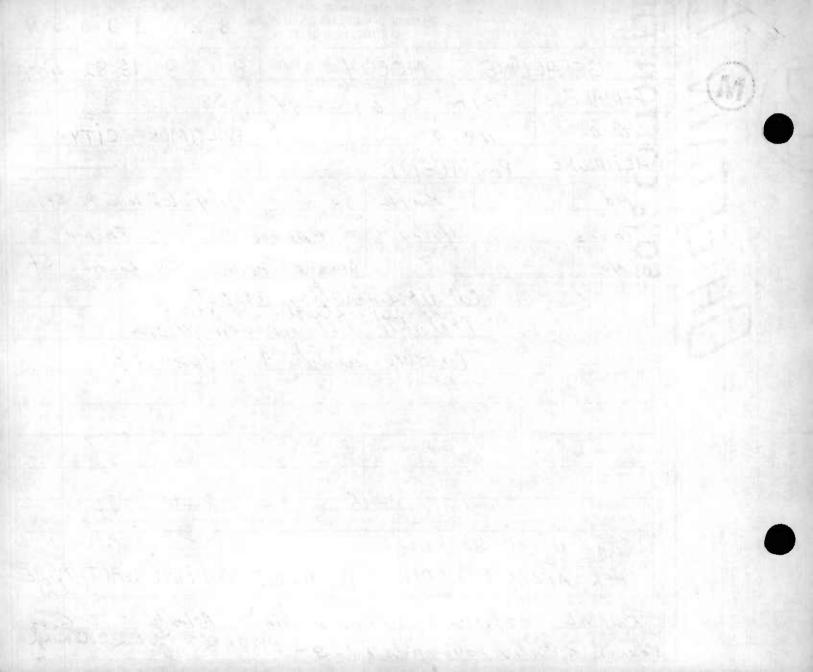
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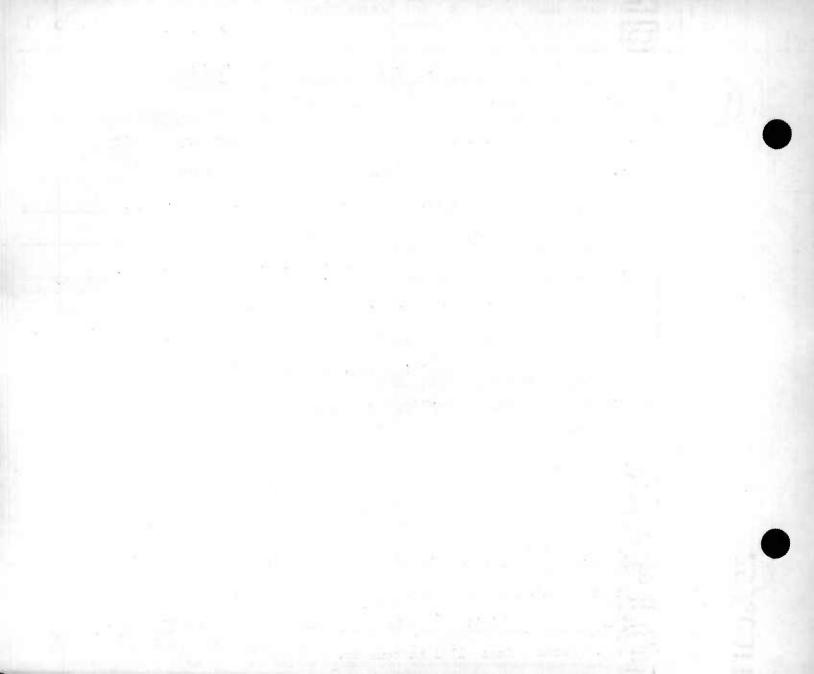


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

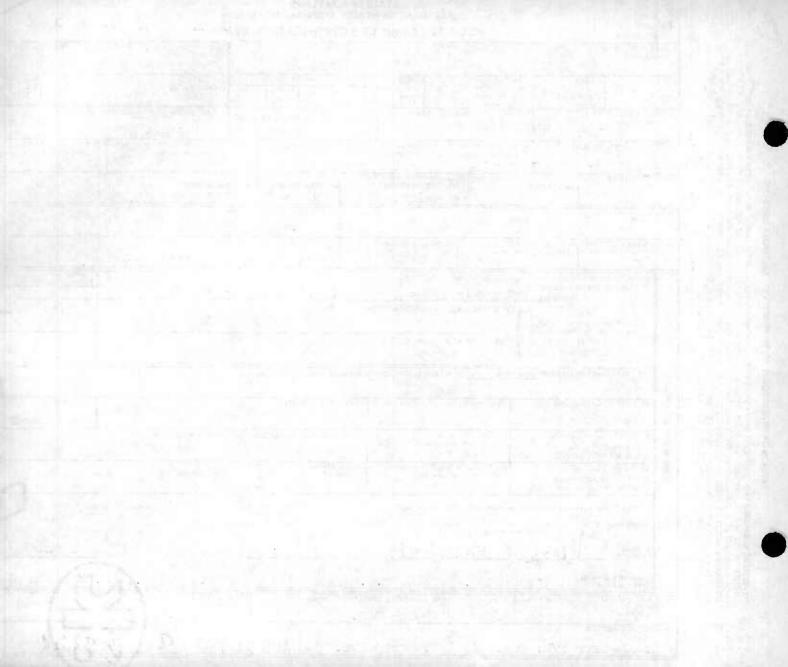
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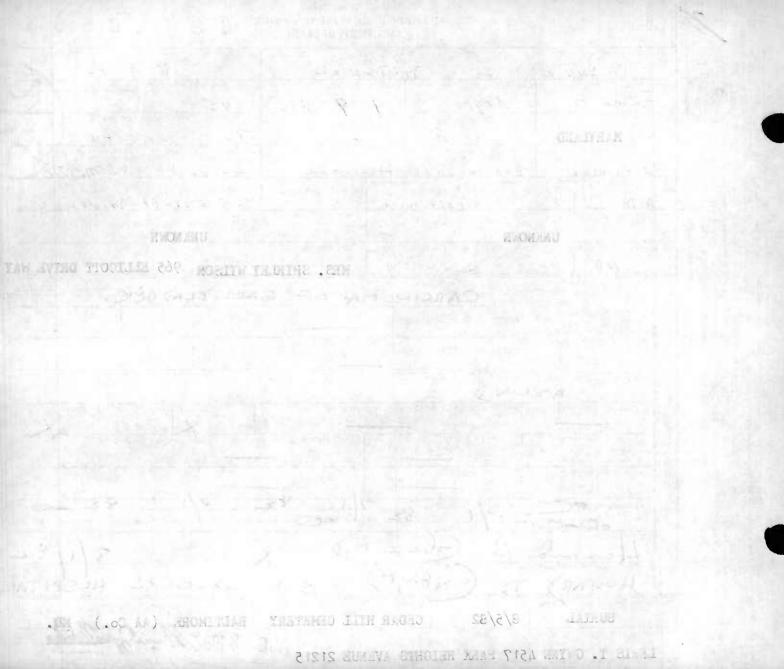
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DERTH 4 REGISTRAR DECEASED NAME 20. DATE KNOWN IX 2b. HOUR (TYPE OR PRINT) OF ESTI-McCray DEATH MATED 19 82 8 24 Mann 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3 SEX 5. DATE OF BIRTH DATE DAY LAST BIRTHDAY PRONOUNCED 1:09 DEAD 1982 9/1/12 Male Black 69 a M YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) S.C. USA WIDOWED [ DIVORCED Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Baltimore Maryland General Hospital 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS la STATE 13h COUNTY Md. Balto. YESK 2216 Brunt St NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Unkn Unkn 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES Lillie McCray 2216 Brunt St. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X BUR WARDED TO THE CH PAGE 3 SHOULD BE USTATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection X Autopsy 220. I certify that I took charge of the remains described above, held on Inquiry and in my apinion Undetermined manner Natural causes X Homicide L. death resulted from Suicide TITLE (SPECIFY) SIGNED\_ 8-24-82 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. (TYPE OR PRINT) 23d. LOCATION 23g, BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Addor, N.C. 8/28/82 Burial Church Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** AUG 26 Wm C March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2





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	3. SE)	ale	4. RACE Black	5. DATE OF BIRTH		AGE (IN YEARS IF LAST BIRTHDAY) MC	LINDER 1 VP	IF UNDER 2	4 HRS. 2c.	DATE NOUNCED DEAD		MONTH 8	DAY	YEAR 982	7219
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-75 HOUR TYPE OR PRINT JAMES MCDOUGAL. 8-3-8219 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 8-3-82 2:10 58 Male Black 5 10 24 YRS DEAD O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED | NEVER MARRIED Marvland USA WIDOWED DIVORCED Baltimore City ES 1, 2, AND 3 TO THE FL PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED. FILED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore University Hospital 13e STATE 13d. INSIDE CITY LIMITS? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13h COUNTY 13e STREET ADDRESS 1335 Argyle Avenue Maryland Baltimore YESX GIVE PAGES ...

WITH FORM PM 3.

PAGES TAND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE McDouga1 Allen James Emma A BURIAL - RANSIT PERMIT. PAGES 1.4 H AND MENTAL HYGIENE, DIVISION OF 166. SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) N/A Emma McKoy 1335 Argyle Avenue No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AIMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate INRESTRIPS

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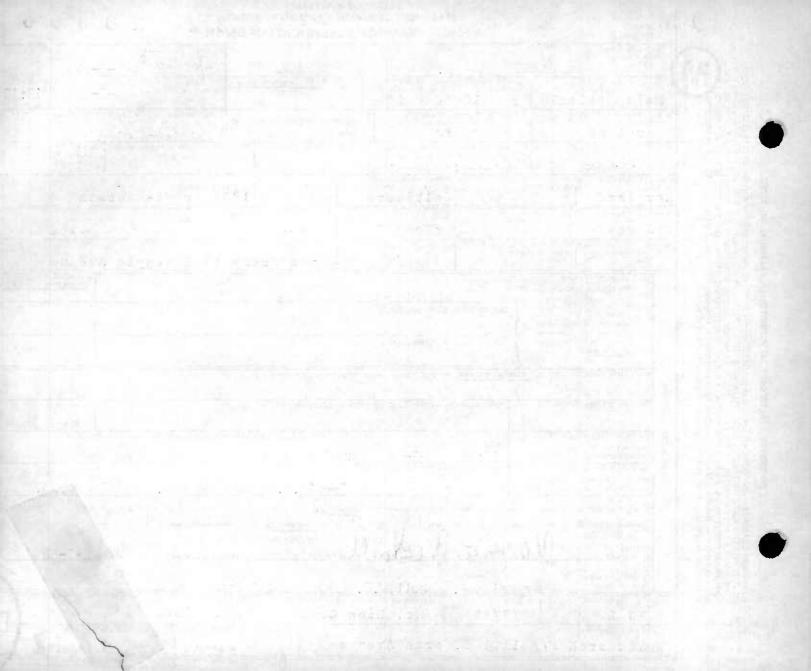
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II W. PRESTON ST.,	TO MEDICAL EXAMINER THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM, TO FUNERAL DIRECTOR, PAGES 3 SHOULD BE USED AS A BURIAL, "TRANSIT PERMIT: PAGES 1 AND AFTER DEATH, WITH HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITBALTER DEATH, WITH HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITBALTHONE, MARWAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL.	7	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause lost.	TE CAUSE (a)  DUE TO, OR  (b)	/			7		APPROXIMATE BETWEEN ONSET	AND DEATH
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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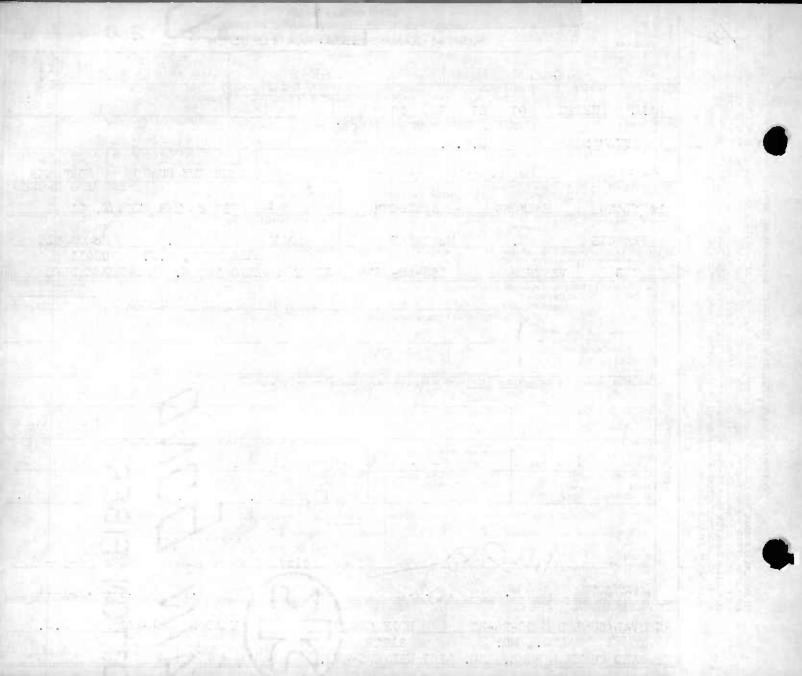
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13	item 23c,23d #G 1-STATE REGISTRAR	DEP	ARTMENT OF HEAL CERTIFICA	MARYLAND TH AND MENTAL H TE OF DEATH	REG. N		0 6	6 9
· no	1. DECEASED NAME FIRST	MIDDLE	M = F = -1 =	E E			DAY YEAR	2b. HOUR
· Film (ii)	Jane		McFarla		August			11:05рм
	3. SEX Female	Black	5. DATE OF BI	DAY YEAR 27 21	6. AGE (IN YEARS LAST BE	60 yrs.	IF UNDER 1 YEAR	HOURS MIN
04 1/2 96	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th. CITIZEN OF WHAT COUN	MARRIED X	Never Married	9. BALTIMORE CITY 9			
to the copy of the	Trinidad 10 CHY OR TOWN OF DEATH  Baltimore	W. Indies  11. NAME OF HOSPITAL, NU  IF NOT IN SUCH FACULTY, GIVE:  Maryland Ger	JRSING HOME OR O	THER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
Per Applied in State of State	USUAL RESIDENCE   IF NURSING HOM   130. STATE   136 CC   Maryland   14. FATHER'S NAME	OUNTY 13c. CITY OR	imore YE	INSIDE CITY LIMITS?	1627 E.	33rd	St.	
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N 76 4/	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		INFORMANT	ADDR			NEL TON
1 1 1/	No	212-	62-9816்.	oseph Mcl	Farlane 16	27 E.		St.
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WISION ME this can the be to and Me	TIFEITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF		LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDIA spekiil or CTOR. A 1 for othe of Heads	220.1 certify that (h (this had sow the deceased objective) (did) (did)	spital) attended the deceased for August 29	70m July 4 19 82 , and th	, 19 <u>82</u> nat in ( <b>my</b> ) (our) opinio	, to August on death accurred on the c	-		that XII (we) last couses stated
TALOR.	22b. SIĞNATURE	haros.		D. ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN DE	22c. DATE	30-82
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DHMH - 16 50M 4/B2 (VRA 15, 4)	Wm. C. March	F/H 1101 E.		25a. D	SEP 1 1982	25b. 85 IST	rar's signati	shield

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

2 shauld be filed win Health and Mental Hygiene prior to buriol, cre TO FUNERAL DIRECTOR: After this certificate hos been with the State Dept. armeem... should be detached far with the State Dept. of

	(TYPE OR PRINT)	FIRST	^	VIDDLE	L	A51	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		SHIRLE	EY A	nn	MCIN	VTIRE	N	8 1	3 8	2	8:000
	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	TYEAR	IF UNDER 24 HRS
9	Female	0.73	White		Apri	11 4,° 1946 AR	36	YRS	MONTHS	DAYS	HOURS MIN.
r.	W. Va.	OR FOREIGN	76 CITIZEN OF V		MARRIEI WIDOWE	DIVORCED D	9 BALTIMORE CITY BALT IMOR	_	Y OF DEA	ATH	M
	10 CITY OR TOWN OF	DEATH				PROTHER INSTITUTION	12a USUAL OCCUPA		12b. 1	KINDO	F BUSINESS OR
	BALTIMORE		THE UNI		DRIAL HO	OSPITAL	Housewi	-		ustry <b>At I</b>	Home
2	USUAL RESIDENCE (#7	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	S			
5	Virginia	100	derick	Stephe		YES NO X	Route 2		329		
P	14 FATHER'S NAME		WIDDLE	LAST	-41103	15. MOTHER'S MAIDEN NA	ME	MISH		1.45	
5	Fred		S.	E11:	Lott	Julia	Elizabe	eth	L	ockl	hart
	160 WAS DECEASED EN		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	Rou	25 2, I	Box	329	4
5	No	) (# YES, GIV	E WAR OR DATES)	236-72	2-0775	Walter McIn	tire Step	phensor	n, V	A 2	22656
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67	190 DATE OF OPE  March  210. ACCIDENT WAS	ERATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?				IGS USED
7	# March			perseph	menso		YES NO		ES [	AUSES	OF DEATH?
7	OR CONTRIBUTING  [IF EITHER NOTIFY / 21d. INJURY OCC  WHILE NO	CAUSE OF DEA	HOUR A./	M. MONTH M.	19	21t. HOW INJURY OCCURI 21t. LOCATION STREET	RED (ENTER NATURE OF IN		PART 1 OR P		STATE
	22a.1 certify that	eased alive on	will be	1	9 <u>72</u> , or	, 19 82 ad that in (my) (our) opinion DEGREE	death accurred on the	dote and hou			
	27d PHYSICIAN'S	MAM ITYPE C		ley, m	D.	ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	AFF SICIAN N		8/1	3/02
	Na	ncy A.H	adley			Baltimore		230			
	Burial CREMATIC		Aug. 17,	1982	Mt. Oli	emetery or crematory ve Cemetery	Hayfie				
	Omps Fune		FC-702	war Wind	chester	, Va. 250/04	JG 1 9 1982	R 200 EGIST	RAR'S S	GNATI	URE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Manager - A SER

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TEN Or or of He		saw the deceased alive of	8/10/82		death accurred an the do	ate and hour and fram the causes stated
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the the cetacher to Dr. H. H. H.		Shew 1	lanager.	DEGREE PESIO ATTENDING	MEDICAL STAF	= 110/60
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TO HOSPIT.  TO FUNER.  Should be down the Sta		ANDREW	V. PANAG	05 SINAIK	EHARILIT	ATION MEDICINE
M who	23a	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CREMATORY		DEPT.
153 Ap		(SPECIFY) Burial		md. Netil men A	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81	24 F	JNERAL DIRECTOR	13/1./0			25b. BOSTSTRAR'S SIGNATURE
(VRA 15, 4)	w	m. C. mar	Ch E/H 1101	E. North Ave A	1 3 1982	John & Cowief

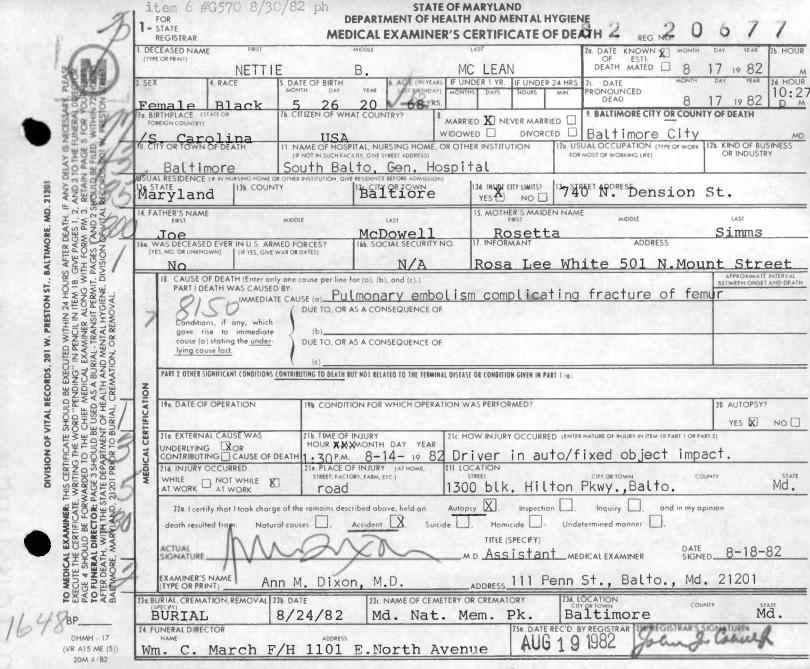
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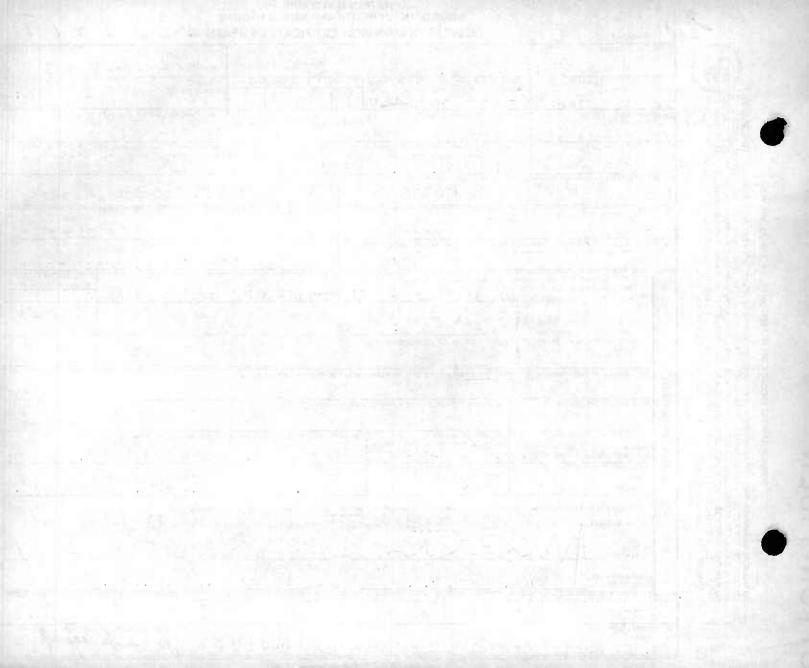
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1	10	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  PECS NO.  REG.	DAY YEAR 76. HOUR
2 morning	1	(TYPE OR PRINT)  John  Gary  Mc Laurin  OF ESTI- DEATH MATED  8	E 02
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- SE	3/1	FOREIGN COUNTRY)  WENT PORT NOWS  USA  WIDOWED DIVORCED BAITIMOTE C	ity MD
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BALTIMORE, MD. 2120 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND PAGES 1, AND 2, SPECIAL PAGES 1, AND 2, SPECIAL INISION OF VIVAR RECO	300	LATHER'S NAME  LAURENCE MALE LAURINST ABERTA CONDUE  AND ERROR CONDUE	LAST
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DIN HIS C WRIT WARDE	220	WHILE AT WORK AT WORK XX roadway Rt301/NQueenAnneRd, Bowie, Prince	George Co., MD
ATE, ORV	9//	22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 . Inspection 🔲 . Inquiry 🔲 , and in my a	pinian
H THE	16	death resulted fram: Natural Courses . Accident . Suicide ., Hamicide . Undetermined manner .,	
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TO MEDICAL E EXECUTE THE O EXECUTE THE O FOR A SHOU AFTER DEATH,	S.A.	EXAMINER'S NAME	MD 21201
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DGN 6 BP	23	BUNIAL 8-10-82 CEDAR HILL BALTE MID 21	225 STATE
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eeman	1	No	1	FOR STATE REGISTRAR	DEPARTA		FICATE OF DEATH	GIENE 8 2 REG. NO.	206	7 6
9	10	1/5		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
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×	8	45		Male	Black	7	12 24	58 YR		
	I LET	= 11		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH	
0	L	10		Carolina	USA	WIDOW		Baltimore		MD.
1	1 1	200	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR
20	2	00	L	AL RESIDENCE (IF NURSING HOME O	John Hopkir		spital			
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N TO	9 25	800		aryland	Baltimo	re	YES NO	4019 Edmonds	son Ave	nue
E MARYLAN Guard	UT	200	14. E.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME	LAS	51
E T	ben gene	AL	1	Joseph	McLear		Betty		Lea	ch
OK.	de pe	9/		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	3470	
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elea e	11 11	N D	SH SH	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
e 1	Of the	100	1	AT WORK AT WORK						
2	0 N N N	100	1		ital) attended the deceased from	AUG	21 1982		. 19.82	that (we) last
	THE SE	2 0		saw the deceased alive ar abave, (1) (we) (did) (did no	n 810 19 0 ot) view the bady after death.	ar	nd that in (my) our) apınian	death accurred on the date and h	naur and fram the	causes stated
	the house	1		22b. SIGNATURE			DEGREE		22c. DATE	SIGNED
	4 4	t e		Insmic	Methon	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	81	Mer
	TO THE STATE OF TH	331		22d. PHYSICIAN'S NAME (TYPE			22e. ADDRESS			-
	Day Office	10		Mistrith	IR JUSTIN C.		Jours Ho	pkins Hospi	LAL.	
	DE NO	13	23a	BURIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
700	8P/			BURIAL	8/26/82 Ki	na M	emorial Day	rk Baltimore	COUNTY	Md.
P	HMH - 16 50	M 1/81		UNERAL DIRECTOR				TE REC'D. BY REGISTRAR 256. REG	JSTRAR'S SIGNAT	
	(VRA 15,			Wm C March	F/H 1101 E. N	orth	Avenue A	UG 23 1982 8	hu 9.1	Carried
			-	mile Ce Harch	1/11 1101 11. 1			AX A O TOOL TO		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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White				HOURS MIN.
76. CITIZEN OF WHAT COUN	MARRIED MEVER MARR	IED 🔟		MD
VA MEDICAL M	URSING HOME OR OTHER INSTITUT STREET ADDRESS) LENTER BALTO. MD	ON 120 USUAL OCCUPATIO	N 12b. KIND ( WORKING LIFE) INDUSTRY	OF BUSINESS OR
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	T FIRST	MIDDLE	LA	51
/E WAR OR DATES!				2122 Ave.
DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SEQUENCE OF STORY OF RELATED, TO THE CATCOLOR	Obstructure is lase HE TERMINAL DISEASE OR COND TMA	Pulsalon  ITION GIVEN IN PART 1  206. IF YES, WERE FINDE	aly o'
21b. TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR	OCCURRED (ENTER NATURE OF INJURY	YES	NO 🗆
	76. CITIZEN OF WHAT COUN USA  11. NAME OF HOSPITAL, N.  UFACTION SUCHEACTURY, GIVE  THER INSTITUTION, GIVE RESIDENCE  13. CITY OR  Caton  MCMan  MED FORCES? 166. SOCIAL  017 2:  108 Y.  TE CAUSE (a)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  CONDITIONS CONTRIBUTING  118. CONDITION FOR W.	S. DATE OF BIRTH  AUG. 31, DAY 1897  76. CITIZEN OF WHAT COUNTRY?  U.S. A  WIDOWED DIVORCE  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE  VANDED LACTURE GRESIDENCE BEFORE ADMESSION)  13c. CITY OR TOWN  Catonsville  MCManus  MCManus  MCManus  MCManus  MCManus  MCManus  15. MOTHER'S MAI  FIRST  UNKNO  16. SOCIAL SECURITY NO.  17. INFORMANT  DO BY.  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED.	S. DATE OF BIRTH   A MONTH   31, DAY 1897   84     76. CITIZEN OF WHAT COUNTRY?   8.   MARRIED   NEVER MARRIED   DIVORCED   BALTIMORE CITY OR WIDOWED   DIVORCED   BALTIMORE CITY OR TOWN   130. INSIDE CITY LIMITS?   130. STREET ADDRESS   131. CITY OR TOWN   134. INSIDE CITY LIMITS?   130. STREET ADDRESS   21 C MONTH   135. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   MIDLE   MIDDLE   MIDDLE	S. DATE OF BIRTH A MONTH A LOUNTRY? B. MARRIED DINORCED BALTIMORE CITY OR COUNTY OF DEATH U.S. A WIDOWED DINORCED BALTIMORE CITY  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WANDING SUCCESSION OF WHAT COUNTRY? B. MARRIED DINORCED DINORCED BALTIMORE CITY  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WANDING SUCCESSION OR SINGE ADDRESS)  12. STREET ADDRESS  13. STREET ADDRESS 21. C MONTROSS  WIDOWED DINORCESS  13. STREET ADDRESS 21. C MONTROSS  WANDING  MEDICAL SECURITY NO. 17. INFORMANT ADDRESS  18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. MARGO DATE:  19. MARGO DATE:  19. MARGO DATE:  19. ADDRESS  21. C MONTROSS  MIDDLE  MIDDL

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

720 ADDRESS

3900 Loch Raven Blud. Balto. Md 21218

Burial

DHMH - 16 50M 4/82 (VRA 15, 4)

234 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem

23d LOCATION CITY OR TOWN Baltimore

Marylend

8/13/82 H FUNERAL DIRECTOR 1630 Edmondson Aventes Cetonsville, Md 250. DATE REC'D. BY REGISTRAR' 256 DE ISTRAR'S SIGNATURE Witzke Cetonsville FunerelHome, P.A. 21228

22c DATE SIGNED

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	and the second	وره حرور الراد	229
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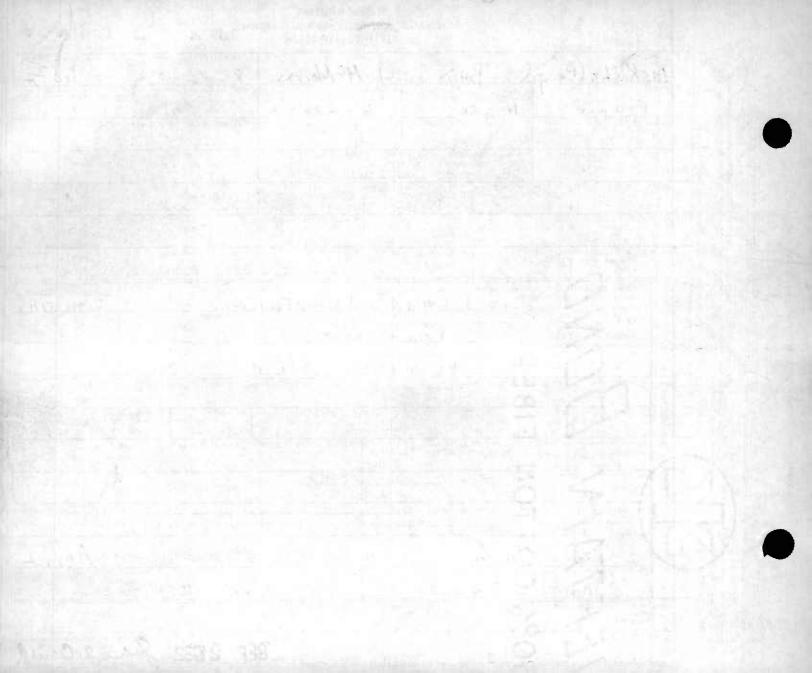
Wm. C. March F/H 1101 E. North Ave

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPA		HEALTH AND MENTAL HYO	GIENE 8 2	2	0 6	8	0
		CEASED NAME CARROLL	1	ACHI	McC	Quay	20. DATE OF DEATH	8 / 12	182	2b. HOU	25 PM
	3. SE	х	4. RACE	VE A		OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER	24 HRS
	ا ر	MALE	WHITE		12	2- 16- 1927	54	YRS.	DAYS"	HOURS	MIN.
2	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH		
)	1	MARYLAND	U.S.A		WIDOW	ED DIVORCED	BALTIMOR	E CITY			MD.
1	III. CI	ITY OR TOWN OF DEATH		HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND O	F BUSINE	SSOR
7	_	ALTIMORE			L HOSPI		GUARD		PENAL		1,00
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN N/A		13c. CITY OR T	OWN	13d INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRESS 413 ILCHES	STER AV	E. 212	18	
	II FA	ATHER'S NAME	MEDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	711111111			
0	(	72 55 65 5	M.	McQUA	Y SR.	DOROTHY	WIDDLE	RIC	HARDSO		
		VAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIALS		17 INFORMANT	ADDR		1111000		167
		YES WW		220.20	.1645	LOUISE R. MC	QUAY (same	as 13e			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: E CAUSE (6)  DUE TO, O	RAS A CONSE	OUENCE OF	west Dream	<u>e</u>		541	MATE INTER DISSET AND	ĎĒĀTH
	ATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM			DW 19	14	
1	CERTIFICATION	198 DATE OF OPERATION	190. COND	ITION FOR WH	IICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		H?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY REET FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	57	TATE
		220.1 certify that (1) this haspit saw the deceased alive of above, (1) (we) (did) (did no	^		0 ,	nd that in (my) (our) opinion	death occurred on the c	lote and hour o		that(1) (w	
		Manler Manler	Mi:	Par	,		MEDICAL STA	FF CIAN 🗍	22c. DATE	3/8	2
		221 PHYSICIAN'S NAME (TYPE O	) h.	Ross	S	3900 N. CO	hale 58.	Suite	104 1	alt.	kel
	1	BURIAL, CREMATION, REMOVAL SPECIFYI CREMATION	23b. DATE 8/14/3			EMETERY OR CREMATORY OUNT CEMETERY	23d. LOCATION CITY OF TOWN BALTIMORE		COUNTY	MD.	TATE
		JNERAL DIRECTOR	10/3/4/3			250. DA1	E REC'D. BY REGISTRAN		AR'S SIGNAT		<u> </u>
	W	ALTER BROOKS BR	ADLEY,		ss <b>2</b> 1222 LTIMORE	[*A110	6 1 7 1982	John	- g. Ca	hely	K

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT: If Item 21 is

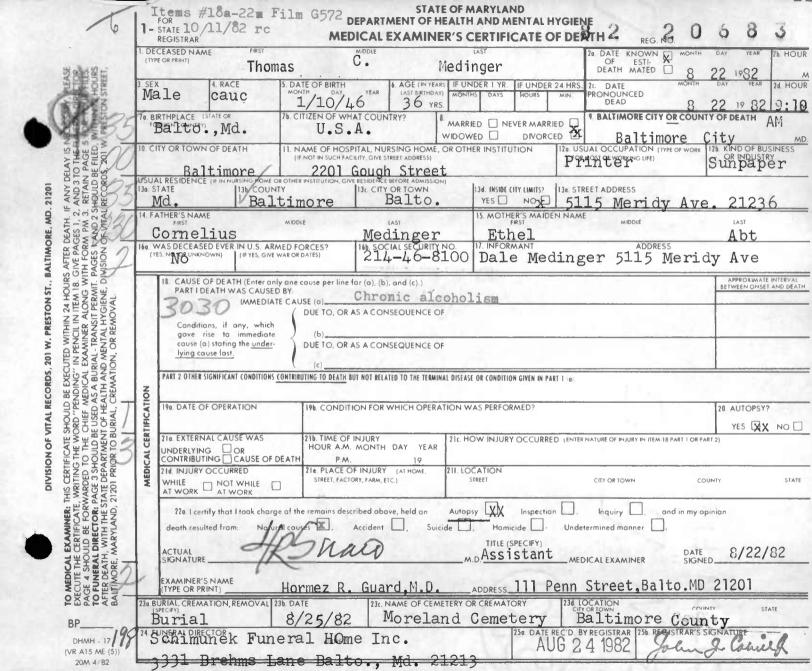
should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

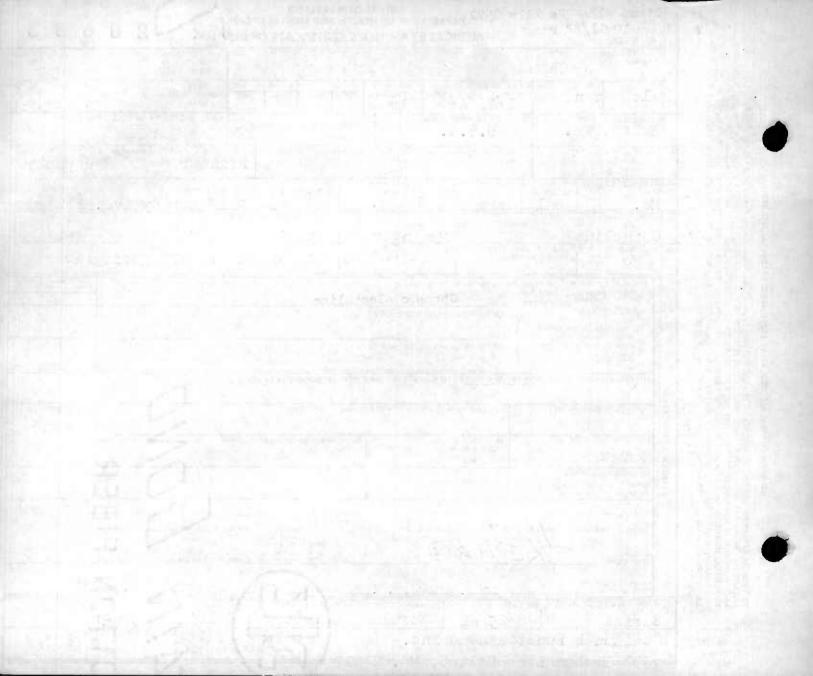
B. C. Strado Species

/	1				STATE	OF MARYLAND					
	1.	FOR STATE REGISTRAR		DEPART	CERTIF	EALTH AND MENTA CATE OF DEATH		REG. NO.	2 0	5 8	
ma		CEASED NAME FIR	ST	MIDDLE	į,	NST	2a DA	TE OF DEATH MONT	H DAY	YEAR 2b H	OUR
y ne		AD	OLPHUS			CHAM		8		32 /	PM
open M	3 SE	MALE	4 RACE B	LACK	5. DATE O	F BIRTH DAY YEA 25 21	AR	(IN YEARS LAST BIRTHDAY)	IF UNDER	DAYS HOUR	DER 24 HRS
(M)20	0	RTHPLACE ISTATE OR FOREIGO OUNTRY)	N 76 CITIZEN C	A .	? 8 MARRIEI WIDOWE	NEVER MARRIE	D U	IMORE CITY OR CO	DUNTY OF DE	ATH	MD.
100		TY OR TOWN OF DEATH	11. NAME O		ING HOME C	R OTHER INSTITUTIO	IZa. US (TYPE O	UALOCCUPATION EWORK FOR MOST OF WOR Tired Serv	KING LIFE) IND	KIND OF BUS USTRY	INESS OR
2	LISU 13a.	AL RESIDENCE (IF NURSING F			ORE ADMISSION)	136 INSIDE CITY LIM	ITS?   13e STI	REET ADDRESS Gatehous	N 7		
Me Superior	4	Iter P.	MIDDLE ,	Meacham		15. MOTHER'S MAID	ENNAME	WIDDLE		ŁAST	N
Pages 1		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES (ES, GIVE WAR OR DATES)	? 166 SOCIAL SEC	F	17 INFORMANT Dorothy Me	eacham 2	ADDRESS 2626 Gateh	ouse Dr	-	
is low requires that the off in barn regned by the off perior to bursal crembin we any injury, as other from	CERTIFICATION	Conditions, if any, wh gove rise to immedia couse 101, stoting underlying cause to PART 2 OTHER SIGNIFIC	DUE TO,  CANT CONDITIONS	OR AS A CONSEON	CUEATH BUT	ve lune	y de	AUTOPSY? 20th	DN GIVEN IN P	FINDINGS U	JSED EATH?
oerficate in mg physics certificate i rightnost embi Hygie Nem 18 she	MEDICAL CERT	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH HOUR	OF INJURY A.M. MONTH I P.M.	DAY YEAR	171		TER NATURE OF INJURY IN I			
offer this in the bring it and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME	CE OF INJURY , STREET, FACTORY, OFFICE		21f. LOCATION STREET		CITY OR TOWN	coul	чтү	STATE
ounted or of for use of service at set Head			live on July	the deceased fram	82, ar	d that in (my)	ppinion death or	JUNE curred on the date a		om the causes	s stated
PAL DIE PAL DIE PAL DIE Ante Dra		Jews	n 150	Wet,	mi	ATTEND PHYSIC	DING MED	ICAL STAFF TOR PHYSICIAN	_	B C	52
TO FUNE TO FUNE TO FUNE THE S  WPORTA		Ster	Jen B	illet 1	MO	WP	45	Balto	. 2	1121	
BP		BURIAL, CREMATION, REM SPECIFY) burial	8/11/	100		LIE Vet	Cem	Crownsvi	COUNTY		STATE
AH - 16 50M 1/76		UNERAL DIRECTOR		ADDRESS		2	AUG PATE REC'D	9 1982	REGISTRARIS	SIGNATURE	11
(VR A 15 (4) )	LE	ROY O. DYETT	4600 LIBE	ERTY HGTS.			AUU	2 1905		· will	A.

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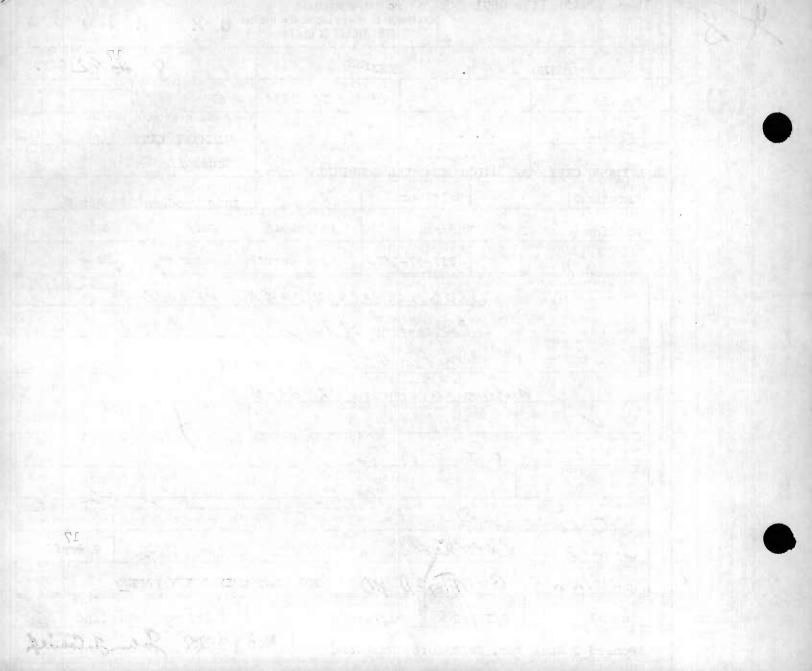


15	- STATE REGISTRAR	DEPARIN	CERTIFICATE OF DEATH	GIENE 8 2 REG. N	206	) 8 4
	ECEASED NAME FIRST VICTORIA	Dorothy	MEEKINS	August 19	9, 1982	7:30a <sub>M</sub>
1-54	Female	RACE White	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	THOAY)  IF UNDER 1 YE.  MONTHS DAT	AR IF UNDER 24 HRS
8. 45 30 Mg 32	IRTHPLACE (STATE OR FOREIGN 71) Saltimore, Md.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	Baltimore	e City	MD.
48	Baltimore	Mary Tand Gener		120 USUAL OCCUPATI (TYPE 95 WORK FOR MOST 9)  HOUSEWILL	F WORKING LIFE   INDUSTA	OF BUSINESS OF Home
35 Ma	STATE 136 COUNT		1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS. 734 5. Oldh	iam Street 2	21224
200	Frederick	Palewick	15. MOTHER'S MAIDEN N Antonina	AME	Stemsk	
	WAS DECEASED EVER IN U.S., ARM (YES, NO GRUNKNOWN) (1F YES, GIVE Y	ED FORCES? 166 SOCIAL SECUI		wick 312 S.	Drew Street	
event, th	18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED IMMEDIATE	MATACTATI	c Oat cell Carcin	oma	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
other froumati	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE				
injury, or	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	dperation was performed	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED LES OF DEATH? NO
2-17/19/19/20/20/20/20	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2	)
rked or mm	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21! LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
21 is mo	22a.1 certify the XX (this hospito sow the deceased alive an above, X(we) (did) (did)	August 19 19	19 82 , and that in xxx (our) opinion	, 10 - 10 - 10 -		he couses stoted
T. If Hen	The Sichard Land	A Lan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	77c. DA	19/82
APORTA	Richard Lane, M	/	c/o Marylan	d General Ho	spital	
4	(SPECIFY) Burial		ame of cemetery or crematory cred Heart (em.	Dundalk	Balta Cal	W. STATE
A 1/81	S.Zeilen & Son		35a D.A	UG 2 0 1982	John S	Cowell

STATE OF MARYLAND

A PARTY AND A SECOND	APPENDING TO			
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Testa Specials			1.7.1	
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		ne neotropy (S	Sqs. Suc. 82	ij.I. Eceller

18	1-	Items #28&2b F: FOR - STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 2 REG. NO.	0 6 8 5
2 C 4	(TYPE	CEASED NAME FIRST E OR PRINT) HE LET		MENZI		//	417 YEAR 26 HOUR 6 A.
(M)	3. SE:	× Female	White	S. DATE C	ber 24, 1894	_	IF UNDER 1 YEAR IF UNDER 24 HE
165		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT CO	DUNTRY? 8.  MARRIE  WIDOWE	D NEVER MARRIED D		OF DEATH
144	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE  HOUSEWITE	12b. KIND OF BUSINESS INDUSTRY
24 hours	SU	ALTIMORE CITY ALRESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDE	MORIAL HOS ENCE BEFORE ADMISSION) OR TOWN timore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS  1024 Woodson Re	d Ant D
300 and	14 FA	ATHER'S NAME FIRST William	MDDLE Tarma	LAST <b>a n</b>	15. MOTHER'S MAIDEN N  Elizabeth	AME	d Apt D Wyman's
Poges		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	7-07-1476	17 INFORMANT  Miss Doro	ADDRESS thy M Menzies	Same
can be signed by the allesting a pertition but been signed by the attending a permit Then please emose carbon me prior to burial committee, or remark the permit of the permittee of the permitte	CERTIFICATION	Conditions, if only, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CO  (b) CON  DUE TO, OR AS A CO  (c) ME  CONDITIONS CONTRIBUT  CONCERNO CO	DINSEQUENCE OF CLINOMY  DINSEQUENCE OF A STATE  TING TO DEATH BUT	of lung  i Carcy  NOT RELATED TO THE TER  OF TO COLO	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
SECIAN The graphical conficulty conficulty and the second conficulty a	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR (A.M.) MOI ER) G P.M. S	NTH DAY YEAR		YES NO YES	
MG Part Mer this on the b thought	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216: PLACE OF INJUR	RY, OFFICE FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ALOR ATTEND The hespital of ALDRECTOR, A MODERT OF Hespital The Dept of Hespital The Dept of Hespital The Beam 2 is many		27a I certify that (I) (this has saw the deceased alive a abave (II) we want (Idia no 27b. SIGNATURE	natiview the body ofter dea	19 0 2, on	d that in (my) (bur) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	9 on that (I) we and from the causes states 22c. DATE STONED 8/26/82
E 4 E 2 E 2		22d PHYSICIAN SINAME (TYPE	ORPRINT)  S. GOTTYK		22e ADDRESS	T UNIVERSITY PARE	ΔV
O HOS		IRVING S	, 6 , 11	ACO MIL		•	7.00



DHMH-16 60M 1/73 (VR A 15 (4))

FOR

1. DECEASED NAME

REGISTRAR

FIRST

- STATE

(SPECIFY) Meadowridge Mem. Park Dorsey Rd. Howard Co, Maryland Burial ully Funeral Home, 237 E. Patapsco Ave. Balto.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

DAYS

IF UNDER I YEAR

INDUSTRY

rarouse

Davis

YES

COUNTY

n

22c DATE SIGNED

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 26 HRS

20. DATE OF DEATH

ElemBurgie 116 % Governors Court basivisa The state of the s FOR - STATE

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. NO.	8		2	0	6	8	
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	REGISTRAK			CENTIL	ICAIL OI D	LAIN	REC	G. NO.			
	CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
1	Peter	(Piotr)	Paul	M	ichocki		August	15, 198	32	P.O.	м
1.56	×	4 RACE		5 DATE (		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR		HRS
	Male	Wh	ite	May	9,	1910	72	YRS.	MOINTINS DATS	HOURS	NN.
	INTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVERA	AARDIED T	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH		
	saw, Poland	U.S.A	١.	WIDOW		ORCED	Baltime	ore City	y		MD.
10 €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCU		12b. KIND C	OF BUSINESS	OR
-	Baltimore	4219 S	heldon Av	enue			Steelwo			Steel	Co.
LISU I Io	AL RESIDENCE LIF NURSING HOME STATE 1136 CO		GIVE RESIDENCE BEFORE		1 13d INSIDE C	TY HAITS?	13e STREET ADDRE	ess		n 1	
Ma	aryland		Baltimor		YES X	NO 🗌	4219 She		venue		
16.17	ATHER'S NAME	MIDDLE	LAST			MAIDEN NAA	AE MIDD		TO THE		_
1	Edward		Michock			phia	MIDD	te	Unk	nown	
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMA	NT	Al	DDRESS			
	No		213-07-5	157	Denn	is J. M	lichocki	10101 H	Harford	Road	
	18 CAUSE OF DEATH (Enter	anly ane couse per	line for a), (b), and	lic (	10.01	N	1		APPROX BETWEEN	ONSET AND DEA	ATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0)	Keso	rat	dry	(155	tructio	DNC .			
	1619		D AC A CONSTOLIE	NCEOF	1						
	Canditians, if any, which	00000	R AS A CONSEQUE		Can	LCINON	A ak	1 000 11/1	17		
	gave rise to immediate	(b)	South	1400	1 10	CCITON	IL OI	There			_
	couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCEOF							
		(c)									
Z	PART 2 OTHER SIGNIFICAN	I CONDITIONS CO	DNIRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR C	ONDITION GIV	ZEN IN PART 1	a	
CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS LISED	
K								IN CERTIF	FYING CAUSES	OF DEATH?	
4 2	210 ACCIDENT WAS UNDERLYING	21b. TIME O	F IN JURY	-	121r HOW IN	IURY OCCUPR	YES NO		ES D	NO [	
100000	OR CONTRIBUTING CAUSE OF E		M. MONTH DA	Y YEAR	1	JOK! OCCORR	CD (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)		
MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMIN			19	211 + 0.5 4716	NA 1					
ME	21d INJURY OCCURRED	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY OFFICE, FA	RM ETC )	21f LOCATIO	)N	CITY	OR TOWN	COUNTY	STATE	€
1	AT WORK			711		1010					
	22a I certify that (1) (this has	17	/	200		, 19	l, to	Enst		that (I) (we)	
	sow the deceased alive a above, (h (we) (did) (did)	nat) view the bady		- 0		(our) opinion d	leoth occurred an ti	ne dote and hou	ond from the	couses stated	d
	22b. SIGNATURE	) A			DEGREE	TTCAIDING	44501644	07.456	22c DATE	SIGNED .	
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	Burial	Aug. 1	7,1982 8	st. S	tanisla	us .	0111011011	imore	COUNTY	Maryla	nd

DHMH - 16 50M 1/81 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 251 AUG 1 7 1982 SIGNATUR

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L CO	7	190. DATE OF OPE	RATION	19h. CONDIT	ION FOR WHICH	OPERATION W	'AS PERFORMED?		1			20 AUTOPSY	?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR 1 THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE 1. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARAMARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR STAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. PAGES (N. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF 3, 21201 PROPET DE MIRAL". CREMATION, OR REMOVAL.		WHILE ON AT	WORK	3 TREET, TACK	ONT, FARM, ETC.)		, meet		CITTORTOWN		COOK		SINIE
R: TI VTE, ORW EST, D, 2				e of the remains des	cribed above, held	on Autop	y , Inspecti	on XX.	Inquiry [	, and in	n my apir	nion	
L EXAMINER: 1 E CERTIFICATE, DULD BE FORV DULD BE FORV H, WITH THE SI MARYLAND.		death resulted fro		al causes X,	Accident .	Buicide	Homicide		mined monn	er .			
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT A FIER DEATH, WITH IT BALLIMORE, MARYLAH	34	(TYPE OR PRINT)	" Mar	garita A.	Korell,	M.D.	ADDRESS		enn St	reet			
574548	23	BURIAL, CREMATION	REMOVAL 2				RCREMATORY	23d. LOC	ATION		COUNT	Y S	TATE
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1	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	0 6	9 1
-		CEASED NAME FIRST EVELYA	( ANTONYA		LLARD	20. DATE OF DEATH	8 8	~	HOUR P.
d	3. SEX	F	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BII		UNDER 1 YEAR IF	UNDER 24 HRS OURS MIN.
1	y	Lugoslava	The CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY C		ity	MD.
U		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET Agnes Hos	IG HOME C ADDRESS) <b>PITAL</b>	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		12b. KIND OF B	USINESS OR
1	USU/ 13a S <b>Uta</b>	TATE NO COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY SALT LAK		13d. INSIDE CITY LIMITS?	145 Est 20	0 North	# 35	
6		ther's NAME late Joseph Sti	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FREST	MIDDLE		LAST	
3	16a W	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE NO	MED FORCES? 166. SOCIAL SECU 528 34		17 INFORMANT  Mr Bengt F A	ADDO		Md 210 ader Ct	
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), on BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	el in	faret, rig	sht + throm	besis	APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO Secondary . 19a DATE OF OPERATION	onditions <u>contributing to</u> beliany cern 196 condition for which	lesis	- Bronche	Preumen 200 AUTOPSY?	20b IF YES, W	VERE FINDINGS	USED
	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F	19	216 HOW INJURY OCCURR 211 LOCATION STREET	YES NO	YES [	book	DEATH?
		22a.   certify that (1) this hospite sow the deceased alive an above (1) (we (did) (did not 22b. STONATURE)	view the body after death.		d that in (my our) opinion d DEGREE  ATTENDING PHYSICIAN  726 ADDRESS	MEDICAL STA	FF _	ond from the country DATE SIG	ses stoted
	3	WM. J.	HICKEN m	5	St Class	res Those	setal		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL

Burial

Aug 12,1982

23b. DATE

Mt Calvary Cemetery

Mt Calvary Cemetery

23d LOCATION SALT Take City Utah

24 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia Road 0 1982 Elicott City AUG

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200 2 11/2 12/2 Com		Serie Versey	EVELLE YORK KAA	er.

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	. 4	, [		CEASED NAME FIRST		WIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
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	om a		3. SE		4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	_
	96		-	male	cau	5	10	/	65	YRS	VINS DAIS	HOURS MIN	*
	h. Po	21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	FDEATH		
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10	by the f	12	B	altimore	(IE NOT IN SU	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ATTYHEAR	ION DE WORKING LIFE) ING EXA	12b. STDATING INDUSTRY	TEUSOFSS O MARYLAN	
212	hou is	21	JSU/ 3a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	130 STREE ADDRESS		#	21209	
AND	n 24 fille	2		MARYLAND		BALTIMO		YES XX NO	2909 FALL	STAFF R	D., A	PT. 41	
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	be ho ched			22b. SUMATURE	-			DEGREE			22c. DATE	SIGNED	- 1
	Y the y the RAL Geto deto ote [		- 79	Laugle	as 2	Barr	us	ATTENDING PHYSICIAN	MEDICAL STA		8-1	11-82	
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110	V = - 2 3 5			URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION		OHNTY	STATE	
7/190	BP			BURIAL	AUG.13			DRE HEBREW	REISTE		BALT		5.17
DI	HMH - 16 50M 1/81 (VRA 15, 4)		24 FL	NERAL DIRECTOR SOL I	EVINSON	& BROS.,	INC.	25a. DAT	E REC D. BY REGISTRAR	25h DEGISTRA	R'S SIGNAT	URE	
				6010 REISTERST	OWN RD.	BALTO.,	MD	21215 AUG	5 1 1/1982	John	01-10	that	

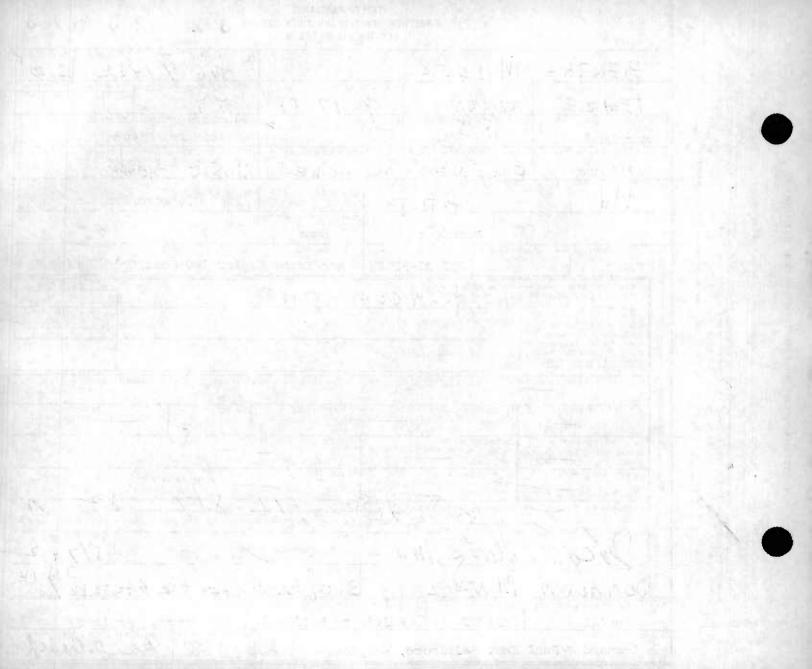
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Leonard J Ruck Inc. Baltimore, Maryland

DHMH-16 30M 2/80

(VRA.15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

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STATE OF MARYLAND

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	1. DE		IRST.		WIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
			THOMA	U	3.		ILLS	AUGUST 15 19	82	7:45A M	
	3. SE	x Male	4 RA	CE White	Э	Augu	ist 9% 1947	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
25		RTHPLACE (STATE OR FORE	IGN 7b CI		S. A.	8 MARRIE WIDOWE	D NEVER MARRIED XX	9 BALTIMORE CITY OR COUN  BALTIMORE CT		MD	
35	-	ITY OR TOWN OF DEATH	- 1	IF NOT IN SU	JCH FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION  S HOSPITAL	126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING Construction W	12b. KIND INDUSTRY	OF BUSINESS OR	
35	13a. S Ma	AL RESIDENCE (IF NURSING STATE 138 ryland E	COUNTY Baltimo	INSTITUTIO	13(, CITY OR TOW TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 935 Dunelle	n Drive		
230	14 FA	Bernard	MIDDLE M.		Mills		15. MOTHER'S MAIDEN NAM Katherine	WIDDLE	Ca	ro	
Pico 7		VAS DECEASED EVER IN U	U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS			
E			/ietnam		216-48-0	656	Bernard M. M.	ills, Same As #	13e		
t, th		18 CAUSE OF DEATH IE	Enter only one	couse pe	er line for (o), (b), one	dic				XIMATE INTERVAL	
2			WEDIATE CAL		Carel	Pal	er arrest		10-	15 mi	
ofic		2311		DUE TO, O	OR AS A CONSEQUE	NCE OF				THE DEC.	
anu a		Conditions, if ony, wh	hich (	(b)_	Past	7000	a Janear		lu	ant 4	
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nijory, c	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
2	CERTIFICATION	190 DATE OF OPERATION	N	9b CON	CALLY!	OPERATIO .	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
7	ERT	210. ACCIDENT WAS UNDERLY	YING 7	TIME !	OF INJURY	al u	12 HOW INTURY OCCUPRE	YES NO LENTER NATURE OF INJURY IN ITEM IE	YES D	NO.	
9		OR CONTRIBUTING CAUS	SE OF DEATH	HOUR A	A.M. MONTH DA		The state of the s	( Everent and Co. matory and item to	TAKE I OKEAN ST		
	MEDICAL	(IF EITHER NOTIFY MEDICALE  21d. INJURY OCCURRED  WHILE NOT WHILE	2	le. PLACE	P.M. E OF INJURY TREET FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		22a I certify that (1) (thi			he deceosed from_	+/92		, to 8-116		, that (I) (we) last	
		sow the deceased alive on 19 2 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did pat) view and body after death.									
	H	22b. SIGNATURE	An				DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT	E SIGNED	
MPORTAN		22d PHYSICIAN'S NAME	TYPE OR PRINT	REG	INALD J.	DAV		has Vapkin	lvosp		
≤ ▼	23a E	BURIAL, CREMATION, REA	MOVAL 236	DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
_		Cremation	8	3-16-	-82 Lo	udon	Park Crematory		Maryl	and	
81	24: FI	JNERAL DIRECTOR			1000000	050 Y	ork Rd. 250. DATE	REC'D. BY REGISTRAR 256. R.C.	STRAR'S SIGNA	Carried	
	Ru	ck Towson Fu	neral	Home	, Inc. To	wson,	Md. 21204 A	JG 1 7 1982 /	mon	may	

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3	1-	FOR STATE	DEPA	RTMENT OF HEAL	FMARYLAND TH AND MENTAL HY ATE OF DEATH	rGIENE 8 2	20697
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9 e e	TITE	CEASED NAME DISTOR 4	de M	Min	cey	8	31 82 11 00 M
may b	3. SE		ACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIRTHDA	
rector		F	B	MONTH	9 36	45	YRS. DAYS HOURS MIN.
Pod in the second		RTHPLACE   STATE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
funeral thin 72.	11	aniland	USA	WIDOWED		12/	MD.
die fe	10. C1	TY OR YOWN OF DEATH	NAME OF HOSPITAL, NUF		THER INSTITUTION	126 OSUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
10 Per p	4	SIX	THE NOT IN SUCH PACIFITY, GIVE ST	ALC.		( NASE OF MORK FOR WOST OF MC	INDUSTRY
in be	USU	AL RESIDENCE (IF NURSING HOME OR OTHE				1	
No 24 h 24 h	A/)	TATE 136 COUNTY	13 CITY OR T		I. INSIDE CITY LIMITS?	13e. STREET ADDRESS	tlem Ann
ILAP Sho sho	14 FA	THERENAME	ADEC 18		MOTHER'S MAIDEN N	IAME	A TEAM AVE
ed within 24 mpletely fille ond 2 should		P FIRST , MIDDI	LAST LAST		FIRST	WIDDLE	/ , /LAST
	14	Denjamin	FORCES? 166 SOCIAL SI	185	INFORMANT )	ADDRESS	Whithy
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TIM pe de		NO	2/2-3	0-859/	Mauri	ce Stokes o	311 Lianey Ave
AL sici		18. CAUSE OF DEATH (Enter only or	ne couse per line far (a), (b)	ond (c),)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B	75	PART I. DEATH WAS CAUSED BY		cordiac	arre.	57	
N S S S S S S S S S S S S S S S S S S S		1509	DUE TO, OR AS A CONSE	OUENCE OF			
STO ment on, o		Canditions, if any, which	DUE TO, OR AS A CONSE	malne	en 15 hours	f	
PRESTON he death c emove cork mation, or r troumatic		gave rise to immediate	(0)				THE PROPERTY OF THE PARTY OF TH
W. the server the street of th	1.75	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF	1 esen	haves	
201 ned b plea uriat,			(c)	60 0			
	z	PART 2. OTHER SIGNIFICANT CON	0.	O DEATH BUT NO	I KELAIED TO THE TER	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART TIO
been real prior the prior the ony inj	I O	Se/200	196. CONDITION FOR WH	CHOPERATION	/AS DEDSORATED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician.  After this certificate has been signed the buriol-transit permit. They as the buriol-transit permit. They have a Membel Hygiene prior to be the and Membel Hygiene prior to be orked or item 18 shows any injury.	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION W	VAS PERFORMED		CERTIFYING CAUSES OF DEATH?
TAL The icion sit p show	ET					YES NO NO	YES NO
DE VITA  CLIAN: TI  physici  p		21a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	IL HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
SICIA og p certif riol-i ento	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
IVISION OF VII	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF.		f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IVIS offer the s the	Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, PARM, EIC)		/	
DIN or or se ost		220.1 certify that (I) (this haspital)	attended the deceased fro	m_ 8/2	4 19 <	5d, 10 8/3/	, 19 02, that (I) (we) lost
TTEN piral TOR or u		saw the deceased alive an	8/3//	9_52, and th	hat in (my) (aur) apinio	on death accurred an the date of	and haur and from the causes stated
R ATTER haspita IRECTOR hed for ept. of H		abave, (I) (we) (did) (did nat) via 22b. SIGNATURE	ew the body offer death.	DEG	REE		22c. DATE SIGNED
0 0 0 0 0			1/1/	110	ATTENDING	MEDICAL STAFF	0 3 65
= 2 0 0 Z	60	22d. PHYSICIAN'S NAME (TY EORPHI	Upu -	122	PHYSICIAN Re. ADDRESS	DIRECTOR PHYSICIAN	
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TO HOSPI retained to TO FUNE should be with the S importa		Mayne -	Gaines M				
	23a. E	SURIAL, CREMATION, REMOVAL 2	3b. DATE	3c. NAME OF CEMI	ETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
60(BP		BUTH	7/4/82	King 1	11em K	Baltime	ne ma
DHMH - 16 50M 4/B2	24 FI	INERAL DIRECTOR	A ADDRE		25a. D	ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	N	m. C. March	F/# 1101	E. North	fore !	SEP 2 1982	John J. Course

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STATE OF MARYLAND

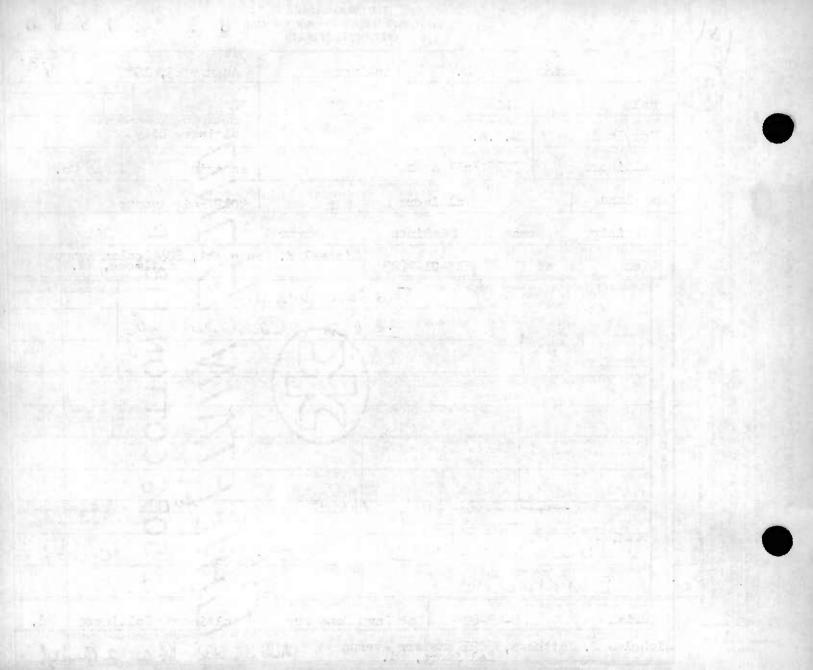
FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYD CATE OF DEATH	GIENE 8 2	2	0 6	9	8
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3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER	
Male	White	10	22 09	72	YRS.	DMIHS DAYS	HOURS	MIN.
Maryland	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8. MARRIED WIDOWEI	NEVER MARRIED D	Baltimore city o	_	OF DEATH		MC
Baltimore	3019 Fait AV	reet address)	R OTHER INSTITUTION	12a. USUAL OCCUPATION IN THE OF WORK FOR MOST OF MECHANIC	ON F WORKING LIFE)	12b. KIND C INDUSTRY Can	CO.	SSOR
Maryland 13b. Coun		TOWN I	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS 3019 Fait	Avenu	e		
Philip Th	middle Misk	imon	15. MOTHER'S MAIDEN NA Margaret	WIOOFE	Marin I	Ritz	ī	
166. WAS DECEASED EVER IN U.S. AR (YE NO OR UNKNOWN)  18 CAUSE OF DEATH (BITTER) PART I. DEATH WAS CAUSE	E WAR OR DATES) 215-01	-7823	Michael F. K	antorski, 80 Ba	5 Loa.	lan Ay	enue	
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE (c)	OUENCE OF	hemic Ca	acdioney (	profly	N IN PART 10	a'	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		TH?
		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)		
ON CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	NN	COUNTY	SI	STATE
220 I certify that (I) (this hospi	11) view the body after death.	952,00	d that in (my) (our-popinion) EGREE  ATTENDING PHYSICIAN )  22e ADDRESS	death accurred on the do	F			
230. BURIAL, CREMATION, REMOVAL Burial			METERY OR CREMATORY  Cemetery	23d LOCATION CITY OF TOWN Baltimore	e Bal	county timore	Mc	TATE .

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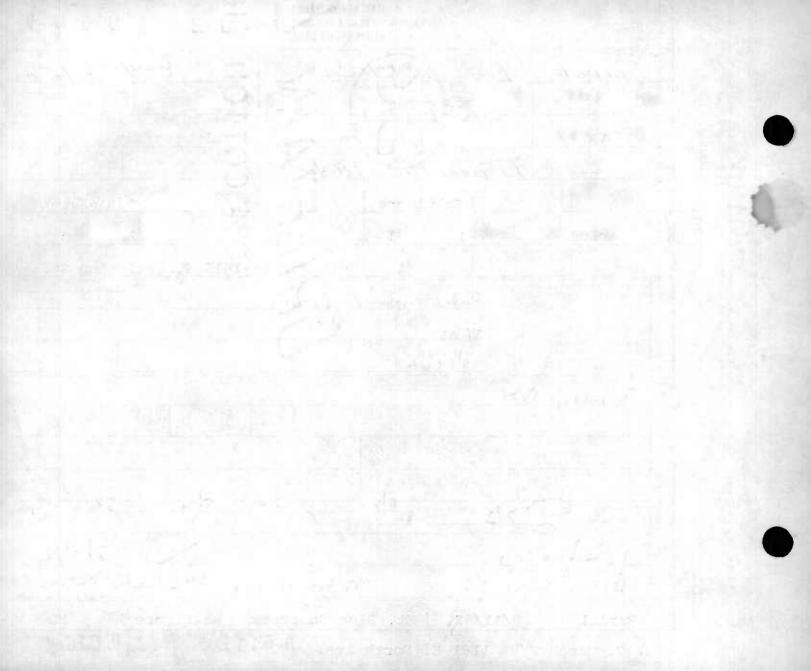
IMPORTANT:

Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



	_ FOR	DEDADTA	STATE OF MARYLAN		(3 (3	2 0 6	0 0
5	- STATE REGISTRAR	DEI ARTH	CERTIFICATE OF DE		REG. NO	200	1 1
	1 DECEASED NAME FIRST	WIDDLE	LAST	2a.		MONTH DAY YEAR	2b HOUR
ay be age 3 death	Ernert	Lee Mi	tchell			8-4-82	1220 AM
frer of	3 SEX	4 RACE	5 DATE OF BIRTH	6 4	GE (IN YEARS LAST BIRT		
s of o	Male	Black	1 5	24	58	YRS MONTHS DATE	HOURS MIN,
and the second	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MA	APPIED 7 9 E	ALTIMORE CITY O	R COUNTY OF DEATH	
1 他海のご	-VA	USA		ORCED	Baltimo	ore City	MD.
THE PARTY OF	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTIT	TUTION 12a	USUAL OCCUPATION	ON 126. KIND	OF BUSINESS OR
5	Baltimore		dica / Carton	- (1)	PE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
2 18 201	SUAL RESIDENCE IF NURSING HOME 130 STATE 7 1136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	VIIIII III	STREET ADDRESS		
見ずまと見り	MD -	Baltime		NO I		ennedy Ave	nue
2 15 20	14 FATHER'S NAME			MAIDEN NAME		J	,1140
W B 11 10	Charles	Mitche:	11 1	Lucy	WIDDIE	Globela	nd
# 1 11 17	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU			ADDRE		1110
To the poly	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	A Ruth N	Morris	1815 N.	Lexington	st.
SALT are b ppers ad.	18 CAUSE OF DEATH Enter	anly one couse per line for (a), (b), and		^			XIMATE INTERVAL
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PRESTON he death at the ottendin permove cark motian, ar r froumatic	Conditions, if ony, which	IA 9 Z(d)	THE CO.				
the certifice of the certifice of the certifice of the certification of	gove rise to immediate	DUE TO, OR AT A CONSEQUE	NCE OF				
that that by sase off, or roth	underlying couse lost.	(c) 511 CVA	1102 01				
DIVISION OF VITAL RECORDS, 201 W.  NG PHYSICIAN. The low requires that the other daing physician.  After this certificate has been signed by the street has certificate has been signed by the ost the burial-transit permit. Then please in the and Mental Hygiene prior to burial, are orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked or them 18 shows any injury, or other orked orked or them 18 shows any injury, or other orked ork	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED T	O THE TERMINA	DISEASE OR CONE	DITION GIVEN IN PART 1	10
or to	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DU					
low low	M DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	On AUTOPSY?	206 IF YES, WERE FINDS	NGS USED
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SICIAN: T ng physici cerrificate rial-transi ental Hyg them 18 sh			Y YEAR 21c. HOW INJU	JRY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
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PHY this this dor	OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE FA	211 LOCATION	1	CITY OR TOY	NN COUNTY	STATE
NG NG off the sorke	WHILE NOT WHILE AT WORK						
N. A.		spital attended the deceased from_	918	19 82	10 8 9	19 }	that (I (we) lost
ATTE Spire CTO Story 1 of	obove. (D(we) (did) (Rid	on 19 6	ond that in (my (o	our) opinion deati	n occurred on the do	te and hour and from the	couses stated
OR or house	276 SIGNATURE		DEGREE	TENDANG	FDICA: >FAE	22c DATE	SIGNED
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CONT	230 BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CR		3d LOCATION	COUNTY	STATE
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	8	1	FOR - STATE		DEPARTA	MENT OF HI	OF MARYL ALTH AND CATE OF	MENTAL HYG	GIENE 8 2	2	0 /	0	1
	9		REGISTRAR CEASED NAME FIRST		MIDDLE	(A		DEATH	REG 20 DATE OF DEATH	NO. H MONTH E	DAY YEAR	2b HOUF	R
	e P		(E OR PRINT)	A	M.	MIX				8/2	3/82	259	MM
	ge 4 mo)	3. SE		4. RACE White		S. DATE O	t. 20° 1885		6 AGE (IN YEARS LAS	T BIRTHE AY)	MONTHS DAY		24 HR5 MIN.
	eoth. Po	3	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI		MARRIED A	9. BALTIMORE CIT	Y OR COUNTY			MD
	s offer of	0. C	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A NION MEMO	ADDRESS)			120 USUAL OCCUP  ITYPE OF WORK FOR MO  Accounts	ST OF WORKING LIFE	E) INDUSTR		SSOR
	Miled in James de la Contraction de la Contracti	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland	ROTHER INSTITUTION		ADMISSION)		CITY LIMITS?	13e STREET ADDRES	SS		0211000	
	ted with	d	John	WIDDLE	Mix		Is MOTHER	'S MAIDEN NAI FIRST <b>te</b>	MIDDU	A SELVI	De	igert	
	on and man Pages	160.	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	212-01-(		17 INFORMA		owski 2908	Shirey	Ave.		
	that the death certs  d by the attending places remove carbon ial, cremation, or ren or other traumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	NCE OF	TAG	E C	orgestire	m, race			
	been signer mit. Then pl prior to buril ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	Heu	ONTRIBUTING TO DE	12/	Fa	dure	//_	20b. IF YES,	, WERE FINE	DINGS USED	
	The le ician.		210. ACCIDENT WAS UNDERLYING	7 215 TIME C	S INTUINE		21 1101111	Luany Occupa	YES NO	YES	s 🗌	NO [	
	HYSICIAN: T rading physici nis certificate burial-transi Amental Hygi or them 18 shi	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  218. INJURY OCCURRED	ATH HOUR A. R) P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21f LOCATE	ON	RED (ENTER NATURE OF I		3, 316		
	offer of the ps	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREE		CITY OF	RIOWN	COUNTY	51.	ATE
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	PITAL OR, by the ho ERAL DIRE ce detached State Dept ANT: If then		276 SIGNATURE	00.	fran	M		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	120 DA	123/8	2
	TO HOSPITAL retained by the TO FUNERAL should be determent the State IMPORTANT; I	4	22d PHYSICIAN'S NAME (TYPE O	ALLEN				LE. UNI	IVERSITY P	ARKWAY	2121	8	
N	BP		BURIAL, CREMATION, REMOVAL Burial				metery or n Ceme	crematory	23d LOCATION CITY OF TOWN Bal	imore	COUNTY	Maryla	are ind
DI	HMH - 16 50M 1/B1 (VRA 15, 4)		eonard J. Ruck,	Tno D	ADDRESS	Manual			E-REC-D. BY REGISTR	AR 256. REGISTE		12 0	7
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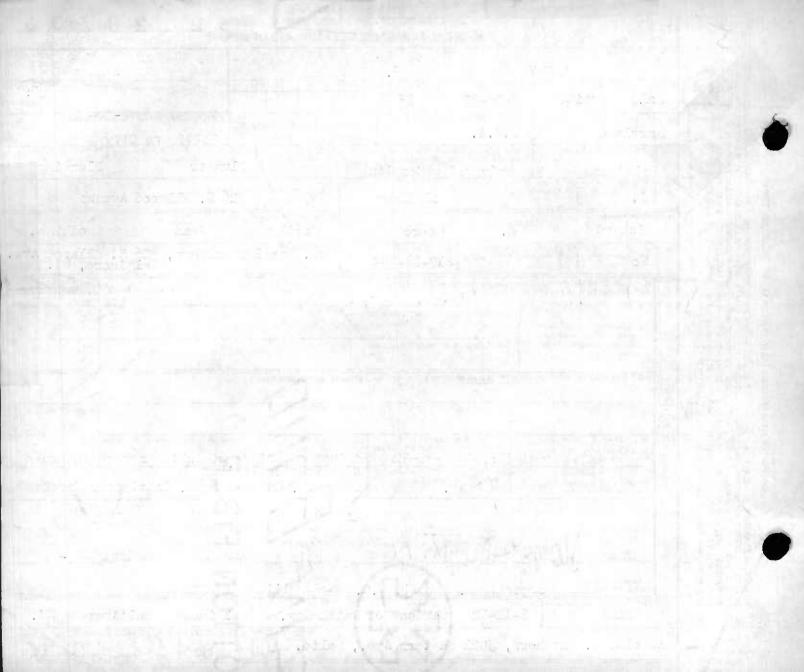
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6	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		20702
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ctor, poge s ofter deat	3 SEX	MALE	4. RACE BLACK		OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
m/6		THPLACE (STATE OR FOREIGN BAMA	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIE	DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
00	BA	LTIMORE	11. NAME OF HOSPITAL, NI (# NOT IN SUCH FACILITY, GIVE) 2539 LOYUL	ASOUTH	OR OTHER INSTITUTION WAY	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VINCE TO THE PROPERTY O	
15	130 S	RYLAND 136 COU	or other institution, give residence INTY BALTI	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2539 LOYO	LY SOUTHWAY
To the	14 FA )	THER'S NAME FIRCHARLIE	MIDDLE	BERT	15. MOTHER'S MAIDEN N BESSIE	MIDDLE	UNKNOWN
Foges medical		AS DECEASED EVER IN U.S. A ES, NO GRUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO.	BETTIE REEL	D 2539 LOY	s OLA SOUTHWAY
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his certificate e buriol-transit d Mental Hygis lack them 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CALLE OF DI OF ETHER, NOTEY MEDICAL EXAMINED 214. INJURY OCCURRED.	ATH HOUR AM. MONTH	DAY YEAR	THE LOCATION STREET	RRED (ENTERNATURE OF RULE)	
me nospinol or one it DIRECTOR. After the etached for use as the EDept. of Health one. If them 21 is marked	N	WHILE AT WORK IN ACT WHILE AT WORK IN ACT WHILE AT WORK IN ACT WOR	oital) attended the degraphy	ANNAMA GREET	DEGREE	10 plse	19 , that form the courts stated
TO FUNERAL should be det with the Stote	22- 0		ders, M. D.	W	2 Hamill	Rd. Balı	to., Md. 21210
BP	_	urial, cremation, remova BURIAL	8-31-82		IS MEM. PK.	BALTIMOR	
- 16 50M 1/76 R A 15 (4) )	24 FL	MERAL DIRECTOR  E.L. PHILLIPS	1721 - 27°N	MONRO	E ST. 250. DA	ATE REC'D, BY REGISTRAR IG 30 1982	John & Court

The state of the state of the state of CAPT CARREST WARREN Land In the true was all TARREST CONTRACTOR OF THE PARTY Date of Land Control of the Land

20M 4/82

STATE OF MARYLAND



10	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2	20/04
3 24		CEASED NAME FIRST AL	ica MIDDLE	Moorman	20. DATE OF DEATH 8-20-	MONTH DAY YEAR 25 HOUR
(M)	1. SEX	F'	Black	5 DATE OF BIRTH  MONTH DAY YEAR  2 - 6 - 08	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY) Hd	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED L DIVORCED	9. BALTIMORE CITY O	PR COUNTY OF DEATH
100		BaHO	(IF NOT IN SUCH FACILITY GIVE STREET 18/10 DUP	Keland St.	128. USUAL OCCUPATI (TYPE OF WORK FOR MOST C	
AND 213	110 S	TATE Md. 136. COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW BAL	YES A NO		Duke land St
maryl ted with omplet mond 2		THER'S NAME John	MIDDLE Black	15. MOTHER'S MAIDEN NA FIRST Well Light	MIDDLE	BRANFORD
be execution on a control of s. Pages, e medica		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU	Lydia Lo	ADDRE	1810 Duke land St
1 ST., BAL		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and D BY: TE CAUSE (a)	1./1/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MULLON—MI MATU
he death ce the attending emove carb mation, or r		Canditions, if any, which	DUE TO, OR AS A CONSEQU	fensive Heart	disease	1965
that if	4	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ulturin		1958
ECORDS, 22 ow requires been signe rmit. Then p prior to bor	TION	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	AIN AL DISEASE OR CON	720b. IF YES, WERE FINDINGS USED
ALR The ligan.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate by six the burial-transit th and Mental Hygre orked or Item 18 st	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D.	AY YEAR 19 211 LOCATION	KED (ENTER NATURE OF INJU	RA IN IIEW 19 - BART I OK PART ()
DIVISIC DIVISIC PHYMARTER This of of the both had A	ME	WHILE AT WORK AT WORK	( AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TO	
ATTEND to post of the control of the		saw the deceased alive on	tol) oftended the deceased from 19	e) -	death accurred an the d	ote and hour and from the causes stated
HOSPITAL OR med by the FEUNERAL DIR uld be detach in the State Degraval. If here	6	Charles R. A	Jan Son	Ma 11, ATTENDING	MEDICAL STA	FF
TO HOSPITA retained by To FuneRa should be do with the Stront MADORTANT	27- 0	Charles A	P. Davidson,	20001111	10 rth Aue	- Baltimne, md-
150BP-	- (	SPECIE BURIAL  JNERAL DIRECTOR	8/26/82	Mt. Auburn Co	CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	-	lervon R. Bz	riley 13/8/	V. Calkonst AU	G 2 4 1982	John John John John John John John John

STATE OF MARYLAND

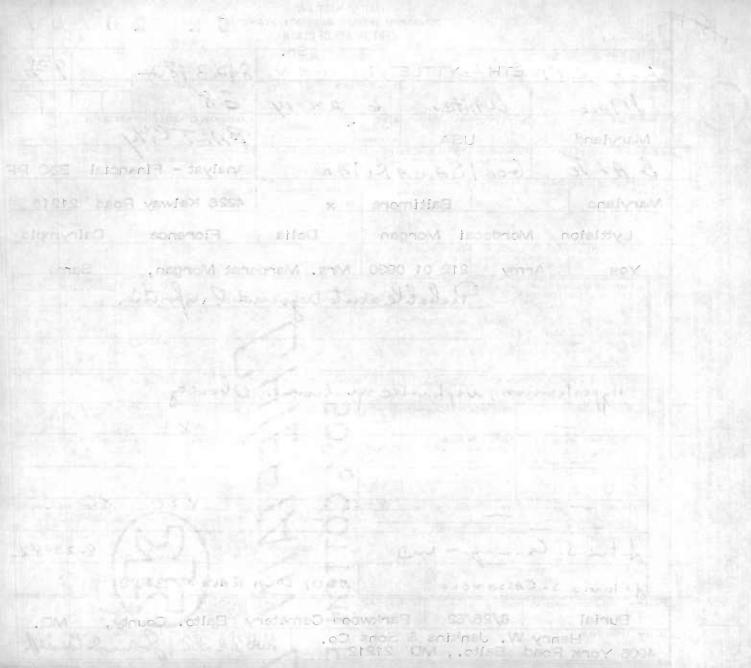
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82		1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 2	0 /	0 6
				RST	MIDDLE		AS1	20. DATE OF DEATH MONTH	DAY YEAR 26	HOUR
	1 19	(TY	PE OR PRINT) Norm	nan	F.	Mora	an	August 19,	1982 4	45 PM
	I BA	1.5	EX	4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)		INDER 24 HRS
	(IVI)	1	male		nite		ne 5,1893	89 YRS	AONIHS DAYS HOL	URS MIN.
	5 32		BIRTHPLACE STATE OR FOREK		OF WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
	The state of		harles Co. Me			WIDOWE	DIVORCED	Baltimore Ci	ty	MD.
-	1 11 61	10 0	CITY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSII SUCH FACILITY, GIVE STREET	NG HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BU	SINESS OR
2	2 23 80	1	Baltimore		SUCH FACILITY, GIVE STREET  Green Nu		Home	retired broke		ance
20	2 50 2	USU 13a.	JAL RESIDENCE (IF NURSING H		ON GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
N	2 E 5	Ma	ryland	Baltimore	Towso		YES NOXX	204 E. Joppa Ro	ad	
3.F	tely 2 sh	14 F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			
MAN	bud bud		John	Marshall			Eva	WIDDLE	Rice	
R.	S l corte		WAS DECEASED EVER IN U				17. INFORMANT	ADDRESS	VICE.	
BALTIMORE, MARYLAND 2	ed oge	-	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-32-8	6044	N Clark Mon	on 0011 C+manuff D	J D.J M	1 2120
LT1	e be		_				N.CTAIR MOL	an 8011 Strauff R		
8.	hysiopopopopological		18 CAUSE OF DEATH (E) PART I. DEATH WAS O	nter anly ane cause p CAUSED BY:		nd Ici.	day . TT 1.	was the track	APPROXIMATE BETWEEN ONSET	
ST.	ig p Song rem	-	15391MM	MEDIATE CAUSE (0)	CANCER	OF C	OION WITH IC	ing METASTASIS	MOI	NTHS
O	rong confi		,,,,,,	DUE TO,	OR AS A CONSEQU	ENCE OF		0		
PRESTON	dea ave ofion		Canditions, if any, wh							
	the rem		gave rise to immedia cause (a), stating	the DUE TO.	OR AS A CONSEQU	ENCE OF				
5	that by so se ol, c		underlying couse lo	ost.						
DIVISION OF VITAL RECORDS, 201 W.	signec signec hen ple to buria	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110	
SO	been been prior ony in	CERTIFICATION	19a DATE OF OPERATION	1 19b. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS (	USED
I R	he le	E						YES NO YES	ING CAUSES OF D	DEATH?
TI	physici ificate tronsite of Hygin	7 8	21a. ACCIDENT WAS UNDERLY		OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IB PA		
OF	SICIAR ng ph certific nrol-tr centol l ltem l		OR CONTRIBUTING CAUSE	OF DEATH		AY YEAR				
Z	ding ding s ce burn Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EX		P.M. E OF INJURY	19	211 LOCATION			
11510	the the and ed o	ME	WHILE NOT WHILE I	LATHOME	STREET, FACTORY OFFICE	FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
10	Afre os		AT WORK AT WORK			-	115	A		
	Ol		22a I certify that (1) (this saw the deceased al	67			NS 19 81		9 82, that	(l) (we) fast
	ATT ATT Spirit of to d		above, (1) (we) (did) (		dy after death.	-		death occurred an the date and haur	and from the cause	s stated
	OR e ho	1.3	226. SIGNATURE	. 1/	1/	11	DEGREE	MEDICAL CTAFF	22c. DATE SIGN	
	rat y th y th cal det det det	10	: Vu	1	cusing	SPY	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-20	-82
	FUNER old be old be ORTAN		22d. PHYSICIAN'S NAME		W	1. 5	22e ADDRESS	INDH	111	62
	O HOS	1	MIGUEL K	MRACUS	CHANSKY	H.D	300 E. 33	and St BAITO	Ma 21	218
	D = 5 € 3 ₹	23a.	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION		
000	OBP	154	(SPECIFY) Burial	Aug	.23,1982 L	oudon	Park Cem.	Baltimor 27	COUNTY	STATE
1.00	DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR				25a D-A-1	REGIODS TREED TRAN 25 PEGISTA	ARE SIGNATURE	regio.
	(VRA 15, 4)		NAME		ADDRESS	1- D -1	Pal Mal A	06 7 9 130r 1		
		- V	<u>litchell-Wied</u>	GIGTO HOL	ie ponn lo	TK KG	Dal Phu			

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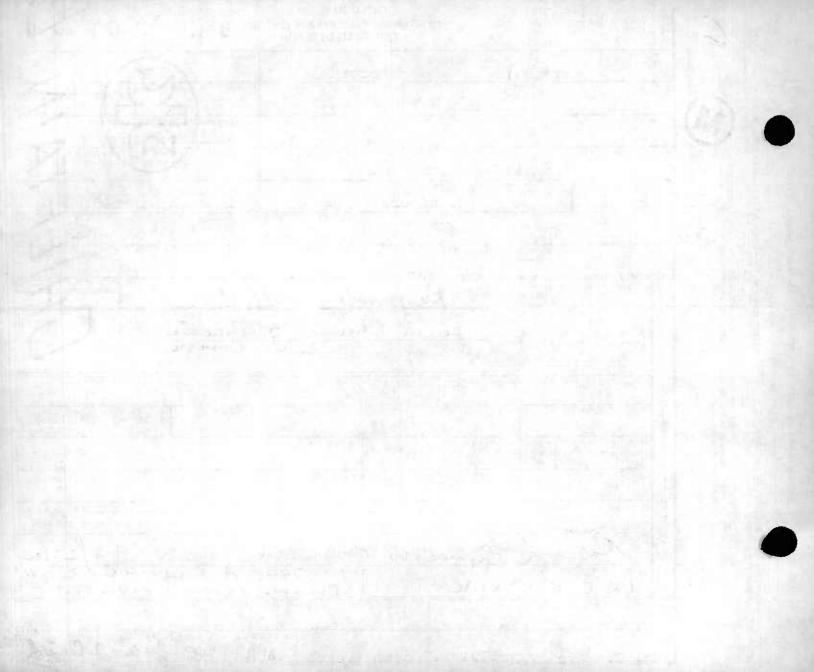
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C. March F/H 1101 E. North Avenue

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1						OF MARYLAND				
B	3	1.	FOR STATE REGISTRAR	DEP		CATE OF DEATH	0 4	2 5. NO.	0 /	0 9
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	of the	(TYP	ETHE		MOV	PICON		8 1	8 62	11.10A
	you the	3. SE	- 1110	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAS	O (	IF UNDER I YEAR	IF UNDER 24 HRS
	4 54 100		10.00	Alar v	MONTH	DAY YEAR		· ^ ~	MONTHS DAYS	HOURS MIN.
	Bood	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TDV2 8	10 22		O YRS	05.05.1711	
	4 32 7/		COUNTRY)	7. C	MARRIED	NEVER MARRIED		F OK COUNTY	OFDEATH	
	e 11/14	40 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE	WIDOWED		- Laur	Mone	? (16)	MD.
	offer and	2	//	(IF NOT IN SUCH FACILITY, GIVE		KOTHEK INSTITUTION	120 USUAL OCCU			BUSINESS OR
201	1 1 V	12	110.	Good Jan	paritar		house w	ite	At	Hone
021	of 84 86	13a	AL RESIDENCE (IF NURSING HOME COL			136 INSIDE CITY LIMITS?	13e. STREET ADDRE	ss , , n		- 1
AN			mD	Ba	160	YES NO	1725	1.13	and	St
RYI	1 30 Dan	14 F	THER'S NAME	MIODLE LAST	100	15 MOTHER'S MAIDEN N	AME		LAST	3.
X	pa 16 200		LUCIOUS	Var	ICE	LUVENIA	,		nasb	V
ORE	Area H		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	AC	DRESS	4	
BALTIMOR	9 6 4 1		No	149-	18-9488	Rev. Robbyl	Donnison	1725 N.	BANK	St.
SALT	sicio sicio pers ol.		18 CAUSE OF DEATH (Enter o	nly one couse per line far tall th	it and text.	7			4	NATE PUTERVAL NSET AND DEATH
	phy npo mov went		PART I. DEATH WAS CAUS	ED BY. TE CAUSE (o)	water	u tulu	re			
IS NO	ding brbo or re or re		11,29		EQUENCE OF	11.				
PRESTON	death ove ca tion,		Conditions, if ony, which	DUE TO, OR AS A CONS	rain	metas tos	6			
PRE	he a emo mot		gove rise to immediate couse (a), stating the	lin)		The state of the s				
≥ .	by the		underlying cause last.	DUE TO, OR AS A CONS	A A	(D) Lux	~		100	
201 W.	ned plec uriol	5.4	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	OT BELATED TO THE TER	MOAL DISEASE OR C	ONDITION CIVI	ALINI DADT II.	
DIVISION OF VITAL RECORDS,	r significant to b	NO		CONTONIONO CONTINUONINO	TO OCCAMI	OT KEEPIED TO THE TER	MUNAL DISEASE ON C	DIADITION GIVE	IN IN PART TO	
Ö	beer mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b IF YES.	WERE FINDING	GS USED
200	no. no.	IFIC						IN CERTIFY	ING CAUSES	OF DEATH?
ITA	hysicio icote ronsit Hygie	ERT	21g. ACCIDENT WAS UNDERLYING T	216. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF			NO 🗌
OF V	Physical Phy		OR CONTRIBUTING CAUSE OF DE				THE PERIOD OF	TO THE TEN TO THE	ar i Or Pari s)	
NO	HYSICIA nding ph nis certifi buriol-ti I Mentol or Item I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	19	21f LOCATION				
VISIC	the the production of the prod	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY OF	FICE, FARM, ETC.)	STREET	CITY O	RTOWN	COUNTY	STATE
i i	Afte os nork		AT WORK AT WORK		- Car	10 8	2 0	10	02	
	DR PLANE		22a. I certify that (I) (this hasp saw the deceased alive or	(1)	om (2-	19	, to	1	9	not (I) (we) lost
	osper d fo d fo m 2		obove, (1) (we) (did) (did no	ot) view the body ofter death	, ond	that in (my) (our) apinio	n death occurred on th	e date and hour		
8	oche Dep		22b. SIGNATURE	-1 x	DI	ATTENDING	MEDICAL S	TAFF	22c. DATE S	IGNED
	T: Ti		perani	1 x. payo		PHYSICIAN	DIRECTOR DATE	SICIAN	8/18	182
3	S P P P P P P P P P P P P P P P P P P P		22d. THYSICIAN'S NAME (TYPE	ORPRINT)	0.0.0	22e ADDRESS			1/	7
	retoined by TO FUNER should be a with the Sta		MUNDRATO	L. DORJA	MU	400 400	SAMA	RITAN	HOSA	9
,	5 6 F 2 3 ₹		URIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION			
2000	BP	-	Bunial	8-23-82	Baltinon	De Carty	Baltin	DAME	COUNTY	MA
DF	HMH - 16 50M 1/81	24 F	INERAL DIRECTOR	2 11 1		25a. D/	ATE REC'D. BY REGISTE	AR 25h PEGISTR	AR'S SIGNATU	IRE
	(VRA 15, 4)		Randalalo	Certick 2421	E. Oliv	en 85 1	NUG 2 0 1982	you.	20	and A
		_			The second secon				THE RESERVE TO SERVE	

Ar Herse LECTORS YORKE LANGUE CONSLIP Land State of the Friend State of State Enrial 18:3-12 Estelogne Cong Estelyone - 400 Rocker College March William St. J. Alle D. S. S. Carle B. A. H.

	Ľ	FOR STATE REGISTRAR				RTMENT OF E	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	R	2 2 EG. NO.	0 7	i	0	
		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST	2a. DATE OF DEA		AY YEAR	2b. HOUR	-	
			Marjo				RRISON August 12, 1982 10:35.						
1	3 SE			4. RACE		5. DATE (		6 AGE (IN YEARS		IF UNDER 1 YEAR	HOURS	MIN.	
1		Female		White		9	15 €4		YRS				
-		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED		CITY OR COUNTY				
	10.6	Mary		U.S		WIDOWE			more City			MD.	
8	E	altimore		11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mary land General Hos			Spital	12d USUALOCC (TYPE OF WORK FOR Secreta	MOST OF WORKING LIFE	12b. KIND O INDUSTRY Law f		SOR	
5	13a. S	AL RESIDENCE (IF NUI STATE Md.	13b. COU		GIVE RESIDENCE BE 13c. CITY OR T Balto.	OWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDI	RESS Cathedra	l St.			
C		ohn		MIDDLE	LAST Orrison		15. MOTHER'S MAIDEN NAM		DDIE F.	airchil	ld		
1			DEVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO			ECURITY NO.							
	No			E WAN ON DATES)	723-09	-0833	Mr. Howard S	Mr. Howard Smith Westminster, Md.					
	NO	Conditions, if on gove rise to in couse 101, state underlying cous	nmediate ing the se last	DUE TO, OF	R AS A CONSE	OUENCE OF	nd bladder  NOT RELATED TO THE TERM  congestive h	INAL DISEASE OR	CONDITION GIVE	N IN PART 11c			
	CERTIFICATION	190 DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY	? 20b IF YES,	WERE FINDIN	IGS USED		
	TIFI	0.00						YES NO		ING CAUSES	OF DEATH	?	
	MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE NOT W AT WORK NOT W AT WORK	CAUSE OF DEADICAL EXAMINER	HOUR A./	M. MONTH M.	19	211 LOCATION STREET		OF INJURY IN ITEM 18, PA	RT I OR PART 2)	STA	ATE	
		22a. I certify that X saw the decap above XII (yet 22b. SIGNATURE	ked alive an	August	12	9 82 . 01	y 23 , 19 82  nd that in (**y) (aur) apinion of  DEGREE  ATTENDING PHYSICIAN	, .0	the date and hour	ond from the c			
	77/		JAME (TYPE C	//			22e. ADDRESS		L. Falle				
		Richard			U		c/o Maryla			tal			
		SURIAL, CREMATION	, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STA	ATE	

DHMH-16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, th

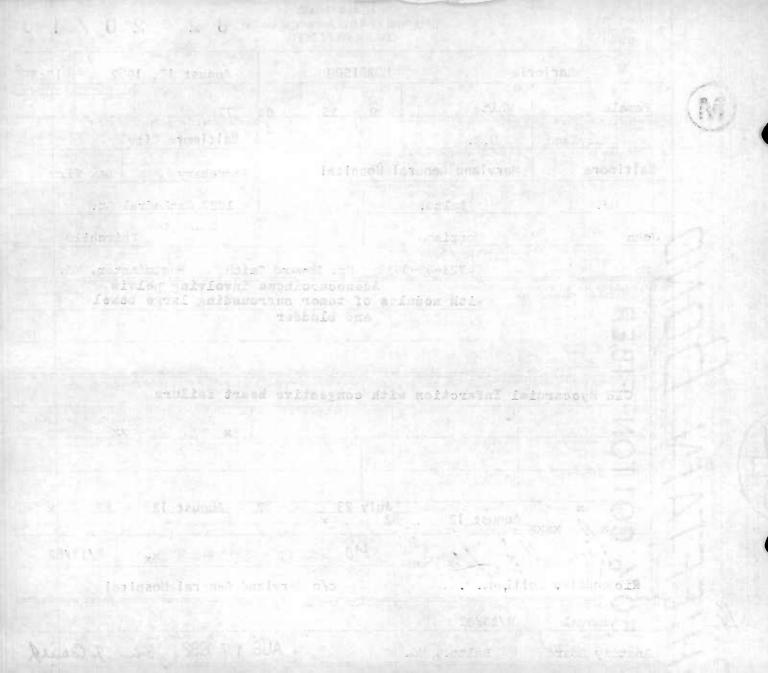
24 FUNERAL DIRECTOR
NAME
Anatomy Board

Removal

Balto., Md.

8/13/82

AUG 1 7 1982 Solumber Land



DHMH - 16 50M 1/81 (VRA 15, 4)

Wm. C. March F/H

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR 1982 IF UNDER ! YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h, KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 20th St. Gi bson Beatrice Moses 1116 E. 20th St. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred an the date and haur and from the causes stated Burial MD Baltimore 8/14/82 Arbutus Mem. Pk. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251-BEGISTRAR'S SIGNATURE

1101 E. North Ave.

STATE OF MARYLAND

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	1		1-	FOR STATE REGISTRAR		DEF	PARTMENT OF	FICATE OF	MENTAL HYG	RE	G. NO.	207	12
0	n me/			CEASED NAME FIRST OR PRINT;		WIDDLE		LAST	103	2a. DATE OF DEA		DAY YEAR	2b. HOUR
	oge deor	1		NAOMI		L	MOSL			AUGUST			06:42A
	# mc	1	3. SE	emale	Black		5. DATE	OF BIRTH	1 9 0 0	6. AGE (IN YEARS L		MONTHS DAYS	HOURS MIN.
- 60	ACM		100	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	11/11/17 COLD		21	1900	9. BALTIMORE C	81 <sub>YR</sub>		
		33	M	aryland	USA		MARRI		NORCED	BALTIN	ORE C	CITY	MD.
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EL	orthin 2 sh	7	14. FA	THER'S NAME	MIDDLE	145	S.T.	15. MOTHER	'S MAIDEN NA			LAS	
MAI	and and			John	H.	Mo	sley	A	nnie	Mil	ΛE	0.10	erson
ORE,	Pages 1	1		AS DECEASED EVER IN U.S. AF	RMED FORCES?		L SECURITY NO.	17 INFORM	ANT	A	DDRESS	11/5/2	
TIMO	be exe		,,,	ES, NOOR UNKNOWN) (IF YES, GI		N	/ A	Doro	thy L	Ross 12	23 N	Broadwa	V
8	ysicio oper oper		73	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (	(b), and (c).)	- 10	- 1/4		White	BETWEEN	MATE INTERVAL ONSET AND DEATH
17.	g ph on p	b b			TE CAUSE (o)	Hyl	potensi	7 7 1		7-0-2	W25-3		
0 ~	arth condin	ngi n		0387	DUE TO, O	R AS A CON	SEQUENCE OF		-1-			1404	
RES	a dec			Conditions, if on, which gove rise to immediate	(p)	1201	silar AH	ery Sti	داند			1100	()
W. PRESTON	y the	5		couse (a), stating the underlying couse lost.	DUE TO, O	RASACON	SEQUENCE OF	5-475				Da	41
DIVISION OF VITAL RECORDS, 201	es the	5		PART 2. OTHER SIGNIFICANT	CONDITIONS CO				D TO THE TERM	INAL DISEASE OR	CONDITION		
SDS,	sign Then to b	ular	NO	TAKE 2. OTHER SIGNAL PEARLY	CONDITIONS CO	ONTRIBOTIO	O TO DEATH	THO TREESTE	D TO THE TERM	IIIAE DISEASE OK	201401110141	OIVEIVII VI AKI III	
0	beer mit.	3	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR W	VHICH OPERATION	N WAS PERFO	ORMED	200 AUTOPSY	20b. IF	YES, WERE FINDIN	GS USED
AL R	he le an. has		TIFIC	and the last						YES NO		RTIFYING CAUSES	NO [
VII	N. T nysici rcate ransi Hyg	0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY	H DAY YEAR		VJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PART I OR PART 2)	
9	ig planting	17	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19						
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-	ATTE Dsprite CTO d for	1 7 1			of view the body	after death.	_19_ <u>3 C</u> , c	-	) (our) opinion	death accurred on	he date and l		
	OR he he		١.	22b. SIGNATU	lane	471	the	DEGREE	ATTENDING _	MEDICAL	STAFF	22c. DATE	SIGNED
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10	BP			INERAL DIRECTOR	0///	02	Daiti	TOTE C	25a DAT	E REC'D. BY REGIS		GISTRAR'S SIGNAT	
	VRA 15, 4)			m.C. March F	/H 110	1 E	North	Δ 17 a	AU	G 0 6 198	2 /2	an & Co	eniel

Howard K. McComas III. Abingdon, Md.

- STATE

TYPE OR PRINTY

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

10

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

82

IF UNDER 1 YEAR

INDUSTRY

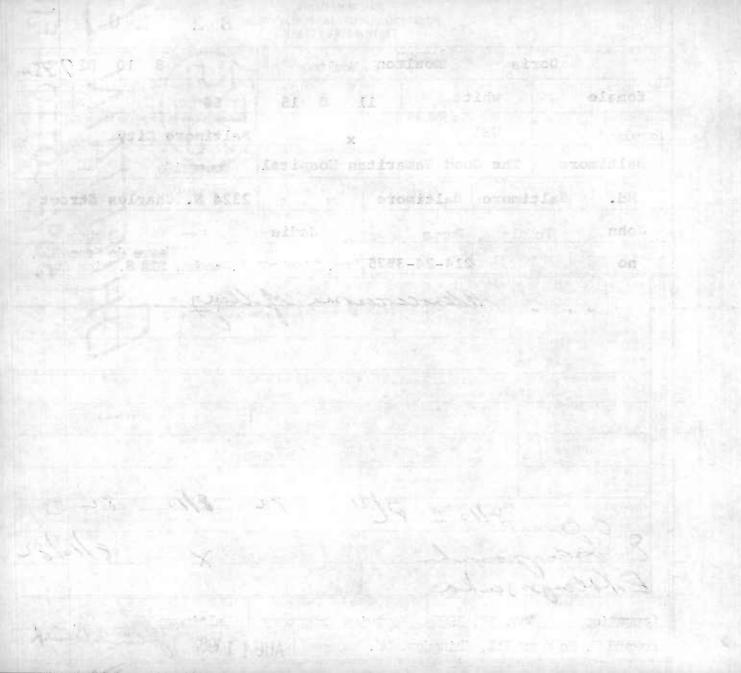
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2a DATE OF DEATH



PERMITTED AND THE ANALYSIS OF BETT HE SECOND THE THE ADDRESS OF TH	South Poge 4 may be	Temale  Birthplace (state or Foreign Country)  - State Registrar  First  Bar  Bar  Sex	bara 4 RACE Black 7b CITIZEN OF WHAT COUNTRY? 8 MARK	Moyd OF BIRTH ATH DAY YEAR 7 10- 36	REG. NO.  20. DATE OF DEATH MONTH  08/22/82  6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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DEGREE 220. DATE SIGNED	TTEN pritol TOR for u	saw the discount alive or	19 87.	and that ir (my) (our) opinion	death accurred on the date and ha	our and from the causes stated
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	AL D AL D Actor of the D Actor of th	1 Nomas	W. Croquan	MO ATTENDING PHYSICIAN	MEDICAL STAFF	8.22.82
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	20 0000 2	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		1	
THOMAS CROGHAN JOHNS HOPKING HOSPITAL	Day Bath	Homas	P.ROGHAN	JOHNS	HOPKINZ H	ASDETIAN -
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	0.5 2.63.2				23d LOCATION	0-1211.0
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DHMH, 14 50M 1/RI 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 AGGISTRAR'S SIGNAPORE	(VRA 15, 4)	Wm. C. March	F/H 1101 E. Nort	h AVENUE AL	16 2 4 1982 /o	and wanty

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6	L.	FOR • STATE		DEPARTMENT C	ATE OF MARYLAND F HEALTH AND MENTAL HY	GIENE 8 2	207	1 5
	L	REGISTRAR			TIFICATE OF DEATH	REG. N	0.	
4 OF		CEASED NAME FIRST	MIDD	lE.	LAST	20 DATE OF DEATH	MONTH DAY YEAR	20 11001
0 p			Torie L		Moyer	8	17/82	240 PM
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or control of control		VAS DECEASED EVER IN U.S. AI		SOCIAL SECURITY NO		ADDR		
MOR n ond Poges	(	VES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]	66-18-8092	Mrs. Anne D	unstan Re	ading, Pa.	19604
RECORDS, 201 W. PRESTON ST., BAR low requires that the death certificate so been signed by the attending physic remit. Then please remove carbonapope re prior to burial, cremotion, or removal is any injury, or other froumatic event, the	CERTIFICATION	Conditions, if only which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  CONDITIONS CONT		: 8	MINAL DISEASE OR CON 20a AUTOPSY?		DINGS USED
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ATTENDIN Sopital or ECTOR: Af d for use of to Health		226.1 certify that (I) (this hasp sow the decrosed alive or above, (I) (we) (did) (did no	_ ^ _ 1		ond that in (my) (our) opinion	death occurred on the d		he couses stoted
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(VRA 15, 4)	P	natomy Board	8	B/ Balto.	, Md. A	UG 2 5 1982	Joung !	surry.

Andrew Holles III

	X	1-	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH	AARYLAND I AND MENTA CERTIFICATE		H <sup>2</sup> REG. N	2 0	7 1	6
	<b>公司</b>		CEASED NAME E OR PRINT)	Vince	ent (Mo	reski)	Mroz	iewski		DATE KNOWN OF ESTI- DEATH MATED	_	1-82 <sub>9</sub>	26 HOUR
	OUR PRECIO	200		hite	April 20	1923 59 Y	ARS IF UN	DER 1 YR. IF UND		ONOUNCED DE AD	8-24	19	26. HOUR 10:37
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D. 21201	A PANA PANA PANA PANA PANA PANA PANA PAN	Ma S	ruland	136 COUNTY		Baltimon	W	13d. INSIDE CITY LIMITS YES NO NO	1 Ano	re St. B	alto.M	d.	
ORE, MD.	DEATH AGES 1, AMP PAN OF VITE		Adolph /As DECEASED EVE			ziewski 166. SOCIAL SECURI	IV NO	Mary 17. INFORMANT		ADDRES		teinsk	i.
BALTIMORE.	S AFTER GIVE PA INTH FOI PAGES DIVISION	{YE	yes	(IF YES, GIVE WA	AR OR DATES)	190-14-11 for (a), (b), ond (c).)			Reilly,	308 High		Rd. Re	
DS, 201 W. PRESTON ST.	E: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH TE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES I RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PW R: PAGES 3 HOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND SISTARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF W D. 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if gave rise to cause (a) stating lying cause last	ony, which immediate ag the under-	BY: CAUSE (o) DUE TO, OR  (b) DUE TO, OR  (c)	ute peritor  AS A CONSEQUENCE  AS A CONSEQUENCE  UI NOT RELATED TO THE TER	OF OF	E OR CONDITION GIVEN IN	( PART T (o).			BETWEEN ONS	HIVE DO DENT
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•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	230 81	AT TOTAL AT	t I taok charge of the Matural	of the remains desc	ribed obove, held on Accident , S  Koroll M  139, NAME OF CE	uicideN	Homicide TITLE (SPECIFY) ADASSISTAT	Undetern	ALEXAMINER		8-24-8	
2401	BP	24. FU	Buria JNERAL DIRECTOR	el Au	ug.31,198		ille	Md. V. A. Ce 250. DA	TE REC'D. BY R	rown syil		ryland	STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) UNERAL DIRECTOR.
5 EDR-YOUR FILES.
WITHIN 72 HOURS ESTI-DEATH MATED ANNA Marie MULLAN 19 82 S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Female White Aug. 25 1928 DEAD 19 82 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH AND 3 TO THE FUNER RETAIN PAGE 5 EDR JOULD BE FILED, WITH FOREIGN COUNTRY) MARRIED NEVER MARRIED N.Y. U.S.A. DIVORCED X WIDOWED Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Bookeeper Baltimore South Balto Gen. Cabinets 13e STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. A.A. YES [ 5109 Ballman Ave. NO TY 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 MIDDLE Mitchell Cravaritis Catherine Maddlon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION (21225)(YES, NO, OR UNKNOWN) No 217-24-3474 Katherine Haberkorn 5311 Brookwood Rd 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) SHOULD BE USED AS A BURIAL TRANSIT PERMIT.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIPLOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Multiple gunshot wounds (unspecified weapon) IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSPOUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? BE USED 20 AUTOPSY? DIVISION OF VITAL YES X NO TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WOOF PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLLMORE, MARYLAND, 21201 PRORTO BUTTORY 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX XAONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 10 P.M. 8-24-Subject shot. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK Anne Arundel Md. 5109 Ballman Ave. home X 22a I certify that I back Autopsy Inspection and in my apinion Homicide X death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL MD Deputy ChiefeDICAL EXAMINER 8-25-82 SIGNATURE EXAMINER'S NAME Penn St., Balto., Md. 21201 Thomas D. Smith. M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE Cremation 8/26/82 Westview Cemetery BP Baltimore 24 FUNERAL DIRECTOR Balto., Md por 21225 **DHMH - 17** George J. Gonce F.H. 4001 Ritchie Hgwy. (VR A15 ME (5) 20M 4/B2

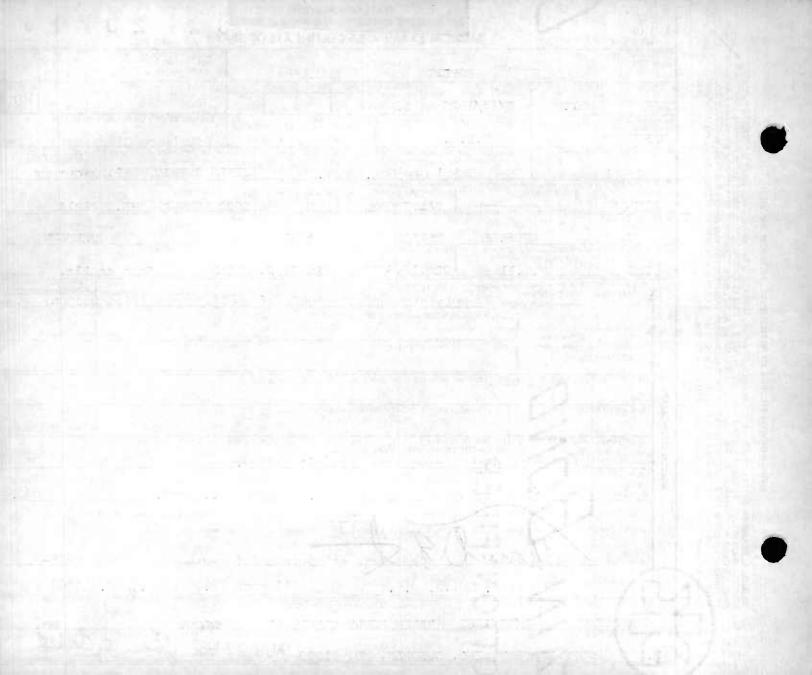
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-S TOR COLD FILES.

WITH THE HOURS

W PRESTON STREET, JAMES MULLAN ROBERT DEATH MATED 19 82 3. SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR 2d. HOUR DATE MONTH DAY LAST BIRTHOAY) PRONOUNCED 10:45 MALE WHITE 6/14/1926 56 DEAD YRS 19 82 D M 76. CITIZEN OF WHAT COUNTRY? 20 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS MARYLAND U.S.A. WIDOWED [ DIVORCED [ Baltimore City E CHIEF MEDICAL EXAMINER ALONG WITH THE NEW CONTHENTE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN DAGE BUSED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED. INT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WITH CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! FIELD SERVICE REP. Baltimore South Baltimore Gen. HOSD MACHINES ISUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE NO L 5923 BERTRAM AVE 21214 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST C. MULLAN RUSSELL ANNA UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 220.16.6082 W.W.11 GLORIA J. MULLAN Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple gunshot wounds of chest (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF any, which Conditions, if gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALTJIMORE, MARYLAND, 21201 PRIQR TQ BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR KM MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH P.M. 8-24-Self-inflicted 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE Hanover St. . Balto Md. AT WORK AT WORK allev 22a. I certify that I taak chage and in my opinion death resulted from Hamicide Undetermined manner SIGNATURE M.DDeputy Chieffedical Examiner EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 D. Smith. M.D. Thomas (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE CREMATION 8/26/1982 GREEN MOUNT CREMATORY BALTO 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 TEGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

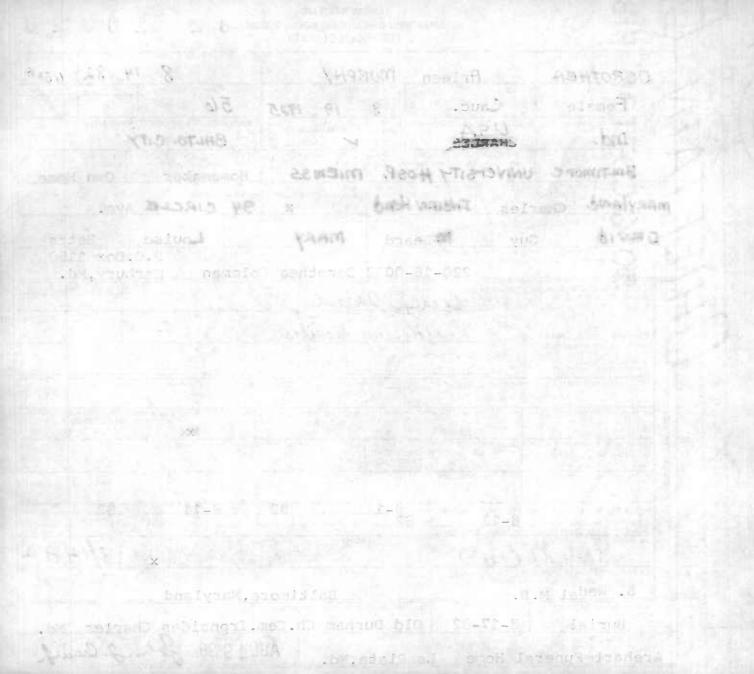
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STATE OF MARYLAND

LOUISTED A MULTURAL SISTER STREET CAROLIS LES CONSECTOS ES 28 MILL Julian I Thank I was to see the second of 8/6/62 NICHARD A MERRAL OF MICH MENER - ( LOSA BALTIMA

		FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 2	0720
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ector, pc	3 SE	Female	Cauc.	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS.	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
deoth. Po		md.	b. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED	BALTO. CIT	
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ompletely and 23	1	DAVID G	uy Rea		MARY	Louise	Betts
on ond or s. Pages		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES! 220-16-		Dorothea		BOX 1150
equires that the death certrit is signed by the ottending ph Then please remove carbanp to burial, cremotion, or remo injury, or other troumatic ever	NOI	PART I DEATH WAS CAUSED    MMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF	Pascitis NOT RELATED TO THE TERM		/EN IN PART 11a ·
the low of	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ing physic ing physic certificat ariol-trans Aentol Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M.	Y YEAR		RED (ENTER NØTURE OF INJURY IN ITEM TB F	PART I OR PART 2)
OING PH or ottend After this e as the b oith and A norked a	MEE	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspita	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	RM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R Allens haspital RECTOR: red far us spt. of He em 21 is i		sow the deceased olive on abave, (I) (we) (did) (did nat)  22b. SIGNATURE	8-13			death accurred an the date and hav	
by the LERAL DI Store De detoch Store De ANT. If It		22d. PHYSICIAN'S NAME (TYPE OR	Pelno		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	8/14/82
TO HOSPITA retoined by TO FUNERA should be do with the Stat IMPORTANT	23n F	S. Wedel M.		AME OF C	Baltimo EMETERY OR CREMATORY	re Maryland	
BP	(	Burial UNERAL DIRECTOR			rham Ch.Ce	ITPONSIDES CL	county STATE  CRAR'S SIGNATURE
(VRA 15, 4)	F	rehart Funer		Plat	a, Md. A	UG 1 9 1982 Jaca	if lawely



STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	0	1	2
CEDTIFICATE OF DEATH	-	U. Alle				-75

		CEASED NAME FIRST OR PRINT) John	Joseph	Mul	phy	Jr.	August 23	,1982	AY YEAR 2b. H
	3. SE)	Male	4. RACE Whit	te	S. DATE O		6 AGE   IN YEARS LAST BIR		IF UNDER LYEAR IF UNE
35	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF W		8.	D NEVER MARRIED	Baltimore city of Baltimor	R COUNTY	
10	Bai	TY OR TOWN OF DEATH  Ltimore City	2115 Wes	FACILITY, GIVE STREET A	Ave.	(Residence)	12a. USUAL OCCUPATION OF COMMON TO THE STATE STATE		12h KIND OF BUSI INDUSTRY DMV
35	13a S	AL RESIDENCE (IF NURSING HOME) TATE 136 COL	II YTAL	rve residence Before . 3c. CITY OR TOWN Baltimore	1	13d. INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 2115 West	field	21214 Ave.
00		THER'S NAME FIRST  John	J.	Murphy		15 MOTHER'S MAIDEN NAME FIRST Ella	A. WIDDIE		Edenfiel
1	{ Y	YAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) Yes Army	IVE WAR OR DATES	66 SOCIAL SECUR 219-03-0		17 INFORMANT Elizabeth	A. Murphy		Westfield
	No	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)=	AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(0
	0 1	19a. DATE OF OPERATION	196 CONDITI	ON FOR WHICH (	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDINGS US ING CAUSES OF DE
7	TIFICATE	198. DATE OF OPERATION					YES NO	YES	
/ //	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D JIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P.M.	MONTH DA	19	21t HOW INJURY OCCURR 21f. LOCATION STREET		YES	□ NO
/ //		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P.M.  21e. PLACE OF (AT HOME, STREE)	MONTH DA	RM. ETC )	211. LOCATION STREET  19  nd that in (my (ou) apinion of DEGREE  ATTENDING	ED (ENTER NATURE OF INJUI	YES RY IN ITEM 18 PAI WN Date and hour	COUNTY , that (I

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Rd.Balt.Md.

25 AUG 24 1982 PAR 26 EGISTRAR SOIGH SILVE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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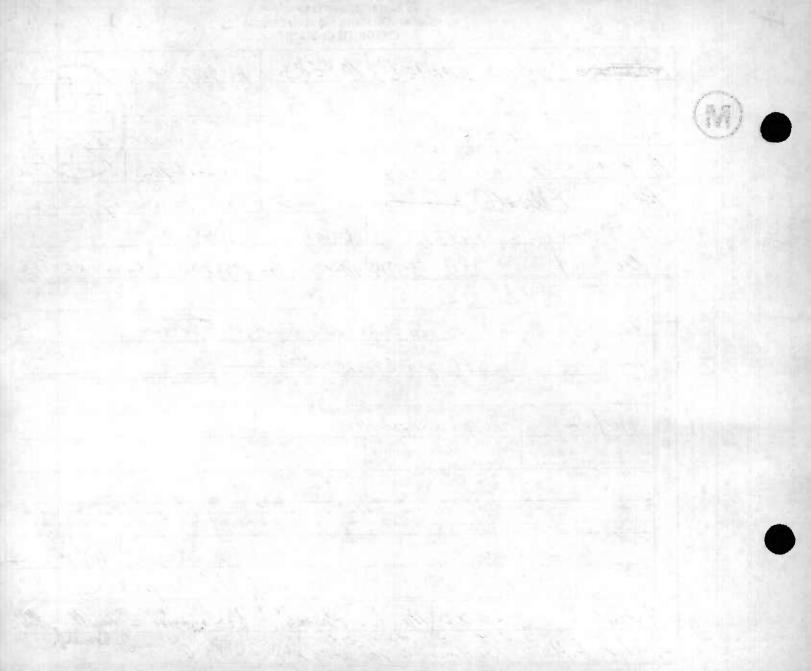
1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	IENE 8 2	2	0 /	2 2
	CEASED NAME	IRST /	MIDDLE	E/	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3. SE		Paul RACE	A .	Mur	phy, Jr.	08/16/82 6 AGE (IN YEARS LAST BIR		UNDER I YEAR	4:15P
2,00	Male	Whi	te	MONTH 10	DAY YEAR 40	41		NIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FORE	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C			
	TY OR TOWN OF DEATH	11. NAME OF I		ADDRESS)	R OTHER INSTITUTION	Baltir 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Comptrol]	F WORKING LIFE)	12b. KIND O INDUSTRY	MIDF BUSINESS OR
130.5	Md. H	HOME IN OTHER INSTITUTION COUNTY  OWard	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Ellicott	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 📆	13. STREET ADDRESS	Ellico delphia	tt Cit	y, Md.
2	Paul  VAS DECEASED EVER IN	MIDDLE A.	Murphy,		15. MOTHER'S MAIDEN NAM	WIDDIE	000	Gern	nais
		F YES, GIVE WAR OR DATES)	217-38-1		Bonnie L. Mu	5 TriadeTpT rphy 0	ira Rd.		
	Conditions, if any, w gove rise to immed couse (a), stating underlying cause	MEDIATE CAUSE (a)  DUE TO, OI  hich iote the DUE TO, OI  (c)	r as a conseque	NCE OF	n Ne sus			71	14.5
IRCATION	PART 2. OTHER SIGNIFI	Prain	tun		NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	NGS USED
CERT	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	YES NO.	YES [		NO [
MEDICAL	Id INJURY OCCURRED	218 PLACE O			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. L certify that (1) (the saw the deceased a obove, (1) (we) (did) 22b. SIGNATURE	3/ 01	U 19_		d that in (my) (aur) apinion o	eath occurred on the de	ate and have o	nd from the	
	22d. PHYSICIAN'S NAMI	E (TYPE OPPRINT)	)an}		A ATTENDING PHYSICIAN [220 ADDRESS]	MEDICAL STAIN DIRECTOR PHYSICE	IAN	8,	116/23
	urial, cremation, rea specify) Burial	MOVAL 236. DATE 8-20-8			METERY OR CREMATORY  Ige Mem. Pk. Cer	23d LOCATION CITY OR TOWN	Hows	TOUNTY	STATE M.
100	INERAL DIRECTOR Truman Sch	wab 3512	ADDRESS	ick	Ave 25a. DATE	G 2 3 1982	REGISTRA	2 G	weef

# 21229

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A		E OR PRINT)								· · · · ·	Or-	E511-	Land			26 HOUR
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CREMATION, OR REMOVAL			s, if any, which	(b)												
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	-	lying cau	se iost.	(c)				16.1								
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3	MEDICAL CERTIFICATION		OR CAUSE OF	HOUR A./	M. MONTE	H DAY YEAR			OCCURRE					PART 2)		
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5	ME	WHILE -	NOT WHILE	STREET, FAC	CTORY, FARM,		-5	TREET	D		CITY OR TO		D-1	COUNTY	0:4.	STATE
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2	1	EXAMINER'S	NAME Mar	garita A.	Kore	I M II	)		111	Penn	St	Bal	to.,	Md.	21201	
_	230 01	(TYPE OR PRIN	ION, REMOVAL			NAME OF CE		ADDRESS_		23d. LOC						
	(5	Burial	IOIN, REMOVAL	Aug. 27, 1						CITY O	RIOWN	10] r=		OUNTY		ATE
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12		FOR	DEDADTA	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND	curur Q O	20724
To	11	- STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH		24 0 7 24
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
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0 d	1.58	4	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	
	1	M	C	10 23 51	30	YRS
E CHAILE	1	RTHPLACE TITLET OF FORLOW	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
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AND 21	134.	nd. 18th	THER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	acherry Lane
RYLL AND THE STATE OF THE STATE	H.F.	ATHER'S NAME	MIDDLE - LAST	15. MOTHER'S MAIDEN NA		
MA ded		TIOKMAN	MYFR	RUTH	HICK!	S LAST
ond e	160 \	WAS DECEASED EVER IN U.S. AR YES, NOOR (NKNOWN) (IF YES, GIV		RITY NO. 17 INFORMANT	ADDRES	S 4
LTIM	$\leq$	NO	213 -58-	1734 MAYCIA 6	· Myrys	5anc as 13
Fr., BA		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	by one couse per line for (a), (b), and D BY.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DELL IMMEDIAT	E CAUSE (o)			
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FUNERAL HOME, GLENBURNIE, MD

- STATE

REGISTRAR

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DHMH - 16 50M 1/81 (VRA 15.4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

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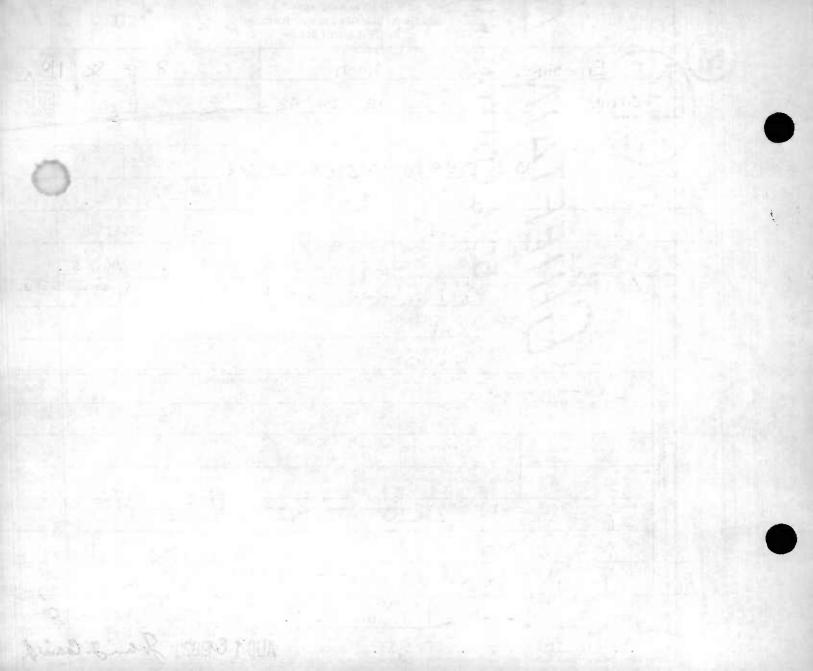
STATE OF MARYLAND

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2



A. Alan Seitz Funeral Home 3818 Roland Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

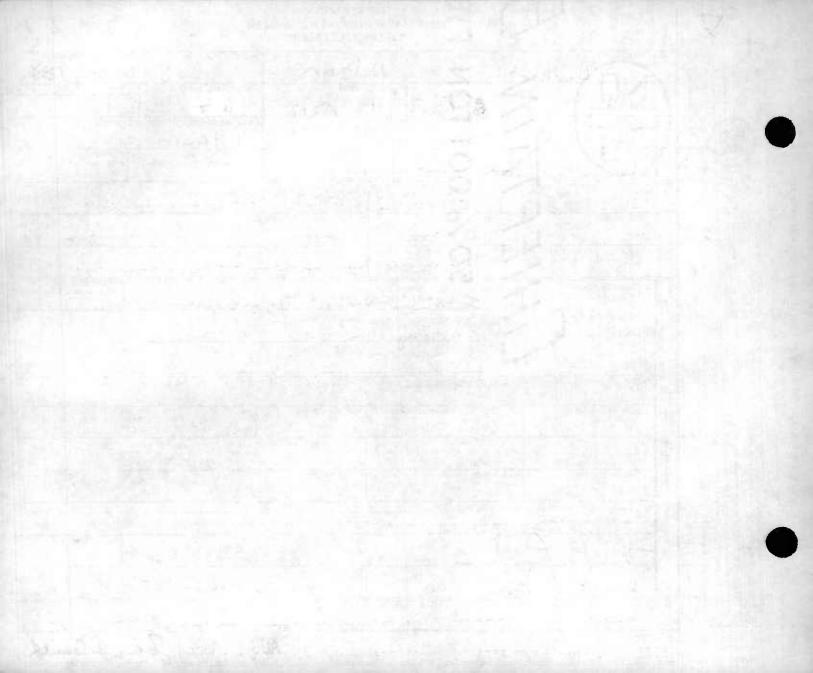
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		REGISTRAR FIRST		MIDDLE	CERTIF	ICATE OF DEATH	REG. N			• •
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician.  The this certificate has been signed by the attending physician and cantal trip filled in as the burial-transit plannin. Then please remove carbon papers. Pages 1 and 1 fool of the hand Mental Hygier per at to burial, cremotion, or removal.	Z	PART 2 OTHER SIGNIFICAT	ALCONDITIONS C	JNIKIBUTING TO	JEAIN BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PARI HO	
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0 1 m	23a	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. t	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			1 30/
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DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR 150	TIMARK	ADDRES	RYLHI		REC'D. BY REGISTRAR		'S SIGNATUR	
(VR A 15 (4))	14	WARE DINTE	isu & Funer	or Home S	135 W.	Whata Am AU	G 2 0 1982	John	- R. Ca	welf
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STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYG DEATH	0	REG. NO.	2 0	131
I. DECEASED NAME (TYPE OR PRINT)	FIRST	LEVI		NIÇKEY		20 DATE OF DE	9 / 82	DAY YEAR	7-39 PM
3. SEX Male	4 RACE Whi	.te	5. DATE C		** 82	& AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DATE	HOURS MIN
Maryland  O CITY OR TOWN OF DEATH  Baltimore	U.S	A.  FHOSPITAL, NURSIN SUCHFACILITY, GIVE STREET	MARRIE WIDOWE	D D	MARRIED ON INTRODUCTION	BA 120 USUALOC	CUPATION R MOST OF WORKING	12b. KIND	MD OF BUSINESS OR
Douat RESIDENCE (IF NURSINI 130. STATE Maryland	GHOME OR OTHER INSTITUTE 31 COUNTY		ADMISSIONI N	13d. INSIDE	NO [	13e STREET ADI	DRESS etitia A	ventie	21230
14 FATHER'S NAME POUGLAS	MIDDLE A.	Nickey	7	15. MOTHER	s maiden na Debra	A	AIDDLE A	Gar	AST .
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		RITY NO.	Doug1		Nickey 1	ADDRESS  802 Leti	itia Ave	21230 nue
18 CAUSE OF DEATH PART I, DEATH WA	(Enter only one couse p S CAUSED BY. AMEDIATE CAUSE (o)	Cardi		ulm	onary.	arres	-	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
Conditions, if only, gove rise to imme couse (o), stoting underlying couse	which (b),	OR AS A CONSEQUE RESPIRATOR OR AS A CONSEQUE RUM	my C	distres	Signal	rove,	Bilatin	horat	
PART 2. OTHER SIGNIE		CONTRIBUTING TO D	7	V		INAL DISEASE O		EVEN IN PART 1	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (alid not) view the body after death. and that fin (my) (our) opinion death occurred on the date and hour and from the couses stated

DEGREE

ATTENDING PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPECIFY) Westminster

8/12/82 Buria1 Meadowbranch Cem. 24 FUNERAL DIRECTOR

21229

Carroll Md.

22c. DATE SIGNED

COUNTY

STATE

DHMH- 16 50M 1/81 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

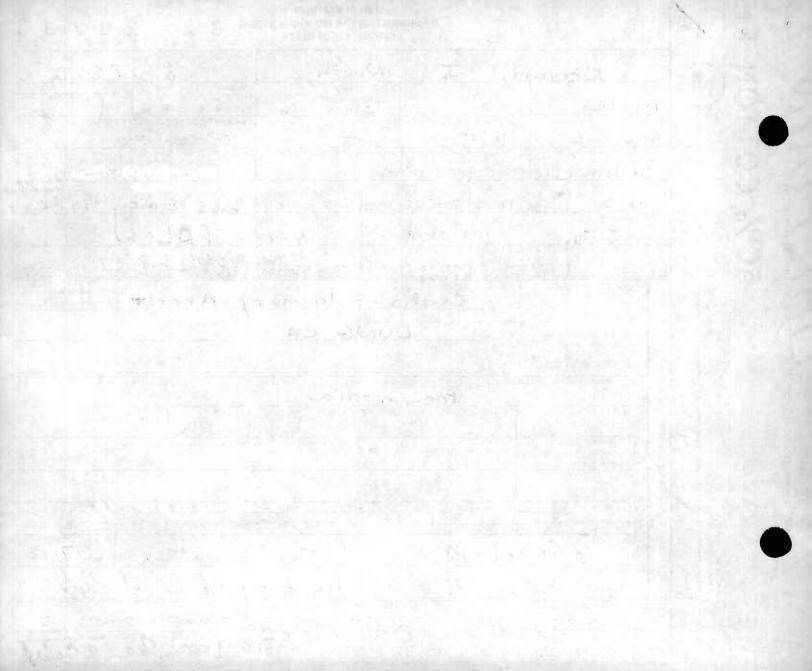
Market J. Sand Jack and Mark and The Control of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-Rev. William Taft DEATH MATED Norman Sr. 4. RACE D'ATE OF BIRTH AGE (IN YEARS | IF UNDE UNDER 24 HRS 2d. HOUR LAST BIRTHDAY) PRONOUNCED 8-9-82 :26P Male Black 9 191 66 CRS DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Baltimore Lutheran Hospital Minister- United Meth.Ch. ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS Balto., Md. 21216 136 COUNTY 13c. CITY OR TOWN 70 N. Franklintown Road Maryland Baltimore 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME DOC Norman Price Annie 17. INFORMANBALTO., Md. 200 556 Rd.lintown 16b. SOCIAL SECURITY NO. 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Mrs. Mattie L. Norman 235-07-3740 970 N. Frank. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOV RDED TO THE CO DEPARTMENT 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME AT WORK NOT WHILE STREET, FACTORY, FARM FIC.) STREET CITY OR TOWN COUNTY STATE TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE S
SALTIMORE, MARYLAND, 226 I certify that I took charge of the remains described above, held an Autapsy deoth resulted from: Accident Undetermined manner TITLE (SPECIFY) Assistant SIGNED 8-10-82 SIGNATURE EXAMINER'S NAME Korell.M.D. Margarita A. ADDRESS 111 Penn Street (TYPE OR PRINT) 123C NAME OF CEMETERY OR CREMATORY VIET HOSE LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Mt. Calvary United Ch. Cem. Anne Arundel Co Md Burial ADDRES MANYLMAD 250. DATE REC'D. BY REGISTRAR 2007 REGISTRAR'S SIGNATURE **DHMH - 17** E. NHTTER FUNERAL HOME 3035 W. NURTH AUC (VR A15 ME (5) 20M 4/B2

Tellingiv dead . side Albertinu - retain! HIST . W. . STEEL . WORK - Z - Stobliffe test being a large of the same of the same of the same and e. 30 Debury, enny at beyind your fat, the EASING - Later

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) 30 orman 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED Ork Baltimore City CINI DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY National Mercy Hospital Salesman Vinul Co OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Randallstown mala 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Mrs. Patricia M. Hudson (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II 123-16-3243 Randallstown. BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 rne um onia 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on bove, (1) (we) (flid) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S DIAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 8/30/82 Lake View Memorial Pk. Sykesville Loring Byers Funeral Directors, India LECD. BY REGISTRAR 256. RESTRAR SEGNATURE

1 1982 DHMH-16 50M 1/B1 (VRA 15, 4) 8728 Liberty Rd., Randallstown, MD 21133



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1 11 12	Acres 100 married	TY OR TOWN OF DEATH	U. D. H.	WIDOWED DIVORCED WINDOWS NURSING HOME OR OTHER INSTITUTION	BALTIMORE CIT	MU.
102 444	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIV	/E STREET ADDRESS) MEMORIAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING (IFE)	126. KIND OF BUSINESS OR INDUSTRY.
ND 21	eSU 13a	AL RESIDENCE (IF NURSING HOME OF	NTY 13 CITY C	CE BEFORE ADMISSION)  OR TOWN  13d. INSIDE CITY LIMITS?  YES NO	3415 Chestner	
SYLA	14 F/	ATHER'S NAME	D.C.	15. MOTHER'S MAIDEN N	AME	Ave. 21211
* 1 1 1 3 DC	J	oseph M	ichael 1	Vull Araman	da MIDDLE Su	it zler
MORE,		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	L SECURITY NO. 17. INFORMANT	ADDRESS Mel	
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the phe he		17% SIGNATURE	Triew the body after death	DEGILLE	chel	22¢ DATE SIGNED
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or or with the state of the sta	23a. E	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d, LOCATION	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR Sr. MUMM FDWART August 1082 4 RACE DATE OF BIRTH MONTH June 12.1895 Male White BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore . Md. U. S. A. Baltimore City. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION St. Agnes Hosi Cement Contractor-Roads Baltimore Agnes Hospital OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Catonsville Paltimore 105 Hilton Avenue Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Edward Jessica Nunn Hamilton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT CatonsvilleDRESS Md. 21228 216-24-214 Edward H. Nunn, Jr. - 5 Melvin Ave. res 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY ARDIO PULMONARY 30 mINUTES DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY . 211 LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) this haspital) extended the deceased from 13 1406057 saw the deceased alive an 13 4655 obove, (1) we did not view the body after death. .19 Pro , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 226. SIGNATUR DEGREE 27c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINTIL 22e ADDRESS ROPA Nonew 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Burial Aug. 16, 1982-Meadowridge Memorial Howard Coun 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25 DHMH - 16 50M 1/B1 (VRA 15, 4) 1. Catanwille Md 21228

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FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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1		REGISTRAR		CERTII	ICAIL OI DI	MIH	REG. N	0.				
		CEASED NAME FIRST REV. Georg	Vincent e		BERLE		20 DATE OF DEATH	MONTH	DAY YEAR	1.0	HOUR 1037	
1	3 SEX	m	4. RACE Whi	.te S. DATE C	H DAY	YEAR 05	6. AGE (IN YEARS LAST BIR		IF UNDER I YE		UNDER 24 HRS	
4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8			9 BALTIMORE CITY C		Y OF DEATH			
		mD	USA	MARRIE WIDOWE	DIV	ORCED	Baltimor	e Cit	4	<b>M</b> D		
3	B	od thmore		PITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS) Comove) Genetal	Hospital	)	OF PORT OF WORK FOR MOST OF	OF WORKING L		RY	JSINESS OR	
	73a. S	m) Anne		RESIDENCE BEFORE ADMISSION) CITY OR TOWN MILLERSVILLE	152	10 1	13e. STREET ADDRESS 25 HIGHLAND				LE, MD	
	14 FA	ATHER'S NAME FIRST ALBERT JOS	eph (	OBORLE	15 MOTHER'S	MAIDEN NAM RST Kathe	AE erine MIDDLE	O'Nei	1 4	LAST		
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMAN Rev. Wi		J. Lee, S.S	144.	8 Rola	and	Ave.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS  DUE TO OR AS  DUE TO OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	ark fuil	ure	16 hourt	1.1000	3	Orain-	INTERVAL I AND DEATH	
	NOI	PART 2. OTHER SIGNIFICANT C								110		
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FIN FYING CAUS ES	SES OF D		
	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	P.M.	MONTH DAY YEAR 19 NJURY	211. LOCATION	56.0	ED (ENTER NATURE OF INJU			1)		
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, F.	ACTORY, OFFICE, FARM, ETC	STREET		CITY OR TO	WN	COUNTY		STATE	
		220.1 certify that (1) (this hospin sow the deceased alive an above, (1) (we) (did) (did no	7/30	19 82 01	nd that in (my) (c	our) opinion d	eoth occurred on the de	ote and hou	19 FZ			
	M	226. SIGNATURE	len mo			TENDING HYSICIAN [	MEDICAL STAI	FF CIAN D	22c. DA	TE SIGN	NED 7	
		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS 300/ S.	Hanov	ner Street	Bal	40., nu	d		
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8-5-82	23t NAME OF C		EMATORY	23d LOCATION CITY OF TOWN 4 Catonsvi		= redunti	Md -	STATE IN	
-	24 FU	DERALDIRECTOR eonard J. Ruck,		Sulpicia 05 Marford R		25a DATE	Catonsvi		TROUNTY -	Ma.	AND STRIE	

DHMH - 16 50M 1/81 (VRA 15, 4)

170071 Foreig108 80-,-1 Inches recurry strategy inch. Court middle no.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate her been signed by the attending physician and completely filled in the thermal should be detached for use as the buriol-transit permit. Then please remove corbangoess, Pages 1 and 2 should be it test than 100 permits.
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

DHMH - 16 50M 1/81 (VRA 15, 4)

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		REGISTRAR			CERTII	FICATE OF	DEATH	919	G. NO.			
		CEASED NAME FIRST		MIDDLE		LAST	tn'i	20. DATE OF DE A		DAY YEAR	2b HOUR	
And	(TYP)	JAME	S	WILLIAM	,	0	Bitz, Sr.		08-	-04-82	6:30pm	
11	3. SE		4 RACE	WILLIAM	S DATE (			6. AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS	
					June	H DAY	1902		ASI BIRTHDAT	MONTHS DAYS	HOURS MIN.	
	1- D	Male IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? 8			17,	1902	80 · YRS.				
1		COUNTRY			MARRIE	DE NEVER	MARRIED -	9. BALTIMORE C	_			
1		ryland	U.S.Z		WIDOW		NORCED			e City,	MD.	
I	U C	ITY OR TOWN OF DEATH	III. NAME OF I	HOSPITAL, NURSIN	IG HOME (	OR OTHER INS	TITUTION	120 USUAL OCCI		12b. KIND C	OF BUSINESS OR	
J	Ba	altimore	Church	Home & I	Hospi	tal	1			ction Co.		
7	4USU. 13a S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITED	13e STREET ADDR	rec			
0			imore	Middle R		YES [	NOXX	3503 Be		oad		
5		ATHER'S NAME					S MAIDEN NAM					
5/		FIRST	MIDDLE	O'Bit:	_	Ca	roline	MID	DIE	Canná	o orle ann	
1		LAWTENCE WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECU		17 INFORM		Α	DDRESS	Cunnii	.igiraiii	
1	, 1		E WAR OR DATES)			3.00		0/0/4-	C	4 77		
		_No	•	217-05-2.		Mrs.	Helen K.	O'Bitz	Same	e as # 13		
н		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY	BILATERA		ALMONN	PENUMO	ATIAC		BETWEEN	IMATE INTERVAL ONSET AND DEATH	
G	10	113 ODIMMEDIA	TE CAUSE (a)									
	1	7200	DUE TO, OF	R AS A CONSEQUE	NCE OF	CONGES	TIVE HEA	ART FAILU	JRE, OLD	CEREBRA	L	
1	TU T	Conditions, if any, which gave rise to immediate	( VAS	CULAR AC	CIDEN	T(STRO	KE) PANO	REATITI				
	-	couse (a), stating the	)	R AS A CONSEQUE								
		underlying couse lost.	(c)					0.07				
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PART 10	a	
	CERTIFICATION	The state of the										
P	S S	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	20b. IF	YES, WERE FINDIN	VGS USED	
	E							YES T NO		RTIFYING CAUSES	OF DEATH?	
3	E E	21a. ACCIDENT WAS UNDERLYING				21¢ HOW IN	JURY OCCURRE	ED (ENTER NATURE O				
1		OR CONTRIBUTING CAUSE OF DE	NIN .	M. MONTH DA		150.71						
	EDICAL	21d. INJURY OCCURRED	21e. PLACE C		19	21f. LOCATE	ON					
Ł	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC )	STREE		CITY	OR TOWN	COUNTY	STATE	
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	3	page Hi Me Mid did no	08-04	after death	1		Con Jobinion di	eom occurred on t	ne dote ond I	hour and from the		
	1	17007111.11	1000	nxdX		DEGREE	ATTENDING	MEDICAL	STAFF	22c DATE	IGNED 20	
		Laure	300	was			PHYSICIAN	DIRECTOR PH	YSICIAN [	8/	4/02	
	2	22d. PHYSICIAN'S NAME THE	/			22e ADDRES	S CHURCE	H HOSPITA	AL CORE	PORATION		
		MX DR. I. WALK	ER M.D.			100 N				MARYL AND	21231	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR		23d LOCATION				
	- (	Burial	8-7-82	Gar	dens	of Fai	th	CITY OR TOV	ltimo	re, Mary	land STATE	
	24 FL	JNERAL DIRECTOR	1				25a DATE	REC'D. BY REGIST	RAR 25b. PER	ISTRAR'S SIGNAT		
	-	Loopard T Pi	ack Inc	Baltin	mre	Md.	FAIL	G - 6198	2 /0	an In	sheld	

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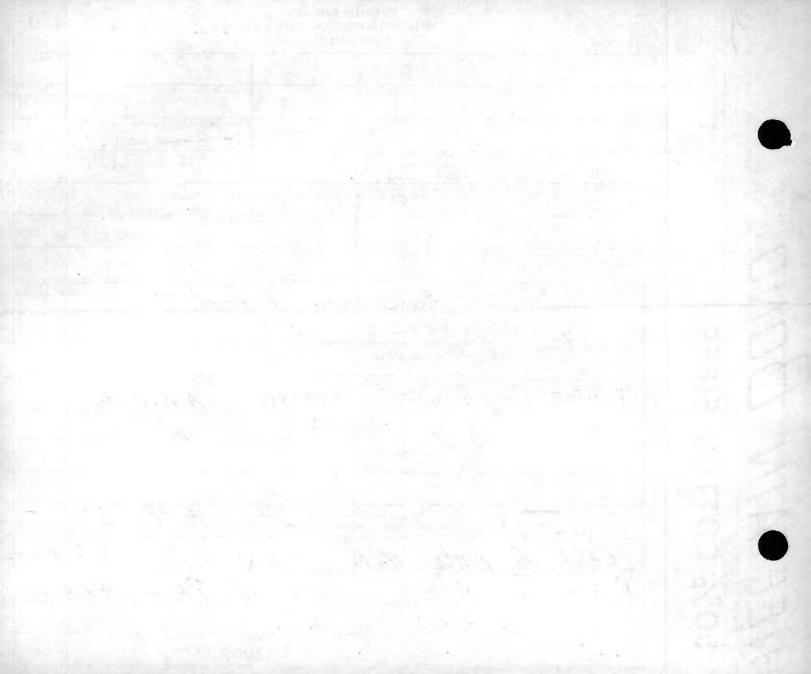
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO



STATE OF MARYLAND

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10			STATE REGISTRAR			MEI	DICAL	EXAMIN	IER'S	CERTIFIC	CATEO	F DEA	TH "	REG. I	NO.	, ,		Gosp
	U. 60		CEASED NAME E OR PRINT)	FIRS	T .		MIDDLE			LAST			o. DATE	KNOWN		TH DAY	YEAR	2b. HOUR
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D. 21201 IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3TO THE FUNEAL DIRECTOR. 3 PETAIN PAGE 5, FOR YOLD BLIFTOR.	SE FILED.	В	altimor	е	J S	NAME OF HOS	opkin	TREET ADDRESS)	ital	HER INSTITUT	ION		AL OCCUP OST OF WOR	ATION (T	YPE OF WO	RK 12b. K	IND OF BU OR INDUST	
AND 3	369 1	13¢. S	IATE N.Y.		DME OR OTHE	R INSTITUTION, GIV	13c CITY	or town ley Fa		T3d. INSIDE CIT	NO [		et addre Hoad					
¥ I	223	14. F/	THER'S NAME Harry		S AND	OLE .	Orlo	Ef, Sr		15 MOTHER Bet	RST	N NAME	Lou	DDLE	E	rach	ard	
BALTIMORE, JRS AFTER DEAT B. GIVE PAGES		16a V	AS DECEASED S NO. OR UNKNOW NO	EVER IN U.S.	ARMED F	ORCES?	16b. SOC	IAL SECURIT	Y NO.	17 INFORM	S. C	Orlof	f, Si	ADDRES		oag 1	Rđ.	
	ERWIT. F IENE, DIV	À	PARTIDE	ATH WAS CA	r only one USED BY: DIATE CAL	000	ltip1	e stab		nds						BET	PPROXIMATE WEEN ONSE	E INTERVAL T AND DEATH
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORDING". IN PENCIL IN ITEM 18, 20FD TO THE CHIEF MEDICAL EXAMINER ALONG W.	TRANS INTAL H OR REM		gave ris couse (a) lying cous		iate der-	(b) DUE TO, OR	AS A CON	ISEQUENCE	OF									
RECORDS D BE EXE PENDING	AS A BU ALTH AN CREMAT	NO			IONS <u>(ONTRIB</u>	BUTING TO DEATH 0	UT NOT RELA	TED TO THE TERM	IINAL DISEAS	SE OR CONDITION	GIVEN IN PART	T I (a).						
F VITAL RE TE SHOULD WORD "PE	E USED T OF HE URIAL,	TIFICAT	19a DATE OF	OPERATION		196 CONDIT	ION FOR V	WHICH OPER	ATION W	VAS PERFORA	AED?						AUTOPSY	? NO []
ION OF VIEWER TO THE WE	OUID PORTER	MEDICAL CERTIFICATION	21a. EXTERNA UNDERLYING CONTRIBUTION	X OR G ☐ CAUSE		1035 P.M.	MONTH 8	DAY YEAR	2	ow MUURY (			ATURE OF INJU	JRY IN ITEM 1	B PART 1 OF	PART 2)		
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AMINER: 1	TO FUNEAL DIRECTOR: AFTER DEATH WITH THE SI BALTIMORE, MARYLAND,		22a I certif death resulte		harge of th	ne remains desc uses ,	ribed aba Accident		Autop	Homicia	Inspection de X		Inquiry mined ma		ind in my	opinion		
SICAL EXC	ERAL DIS		ACTUAL SIGNATURE_	MU	S	TYD			м	TITLE (SP		MEDIC	CAL EXAM	INER	DA' SIG	E NED	8/	19/82
TO MED EXECUT	AFTER I	23ø. Bl	EXAMINER'S N (TYPE OR PRIN JRIAL, CREMAT	T)		M. Dixo				ADDRESS			nn St		Balto	)., M	D.	
BP_	MH - 17	BU	RTAL INERAL DIRECT			23/82	300			Rural		Wat		rd.		S SIGNAL	N.	Y.
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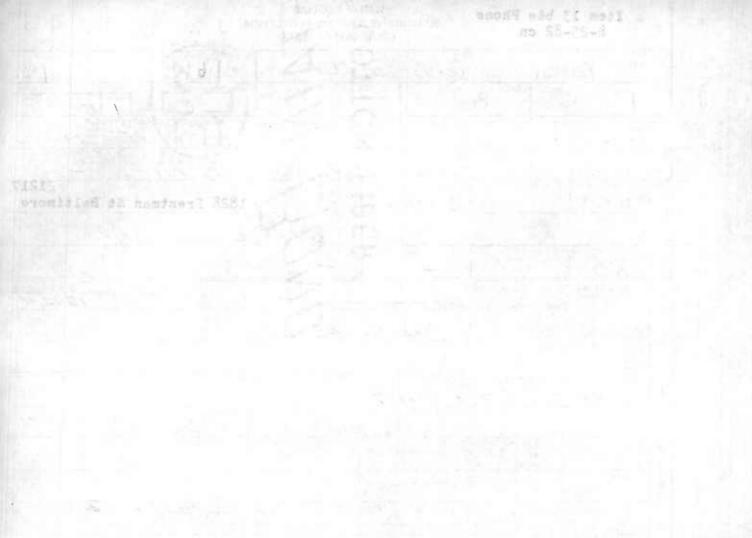
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	(-0)		CEASED NAME FIRST	MIOOI		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	è 1	3 SE	v	4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	E 9.0	3 35	AAA.		MONT	DF BIRTH DA 23 YEAR	O. AGE (IN TEARS LAST BIRTHDAT)	
	ige Jrs	1	MALE	Whi	te 8	-24 85	YRS	
	h. Po	7a. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WH	AT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	deat	M	ARYLAND	USF	WIDOW		BALTIMOR	E CITY MO.
	with the feet	10 C	TY OR TOWN OF DEATH		PITAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATION	125 KIND OF BUSINESS OR
5	s of	B	altimore	BILLIN	A C. VO CI	- HOSD.	(TYPE OF WORK FOR MOST OF WORKING	(INDUSTRY
2120	nour in the	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)			
2	24 I			hester	Hurlock	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Poplar Street	
YLAND	Hin Hin		THER'S NIAME			IS MOTHER'S MAIDENING		
MAR	3 12 /14/	-	FIRST , Edward		lifton Over	ington First	MIDOLF	LAST
	ot o	IAn V	VAS DECEASED EVER IN U.S. AR	The same of the sa	SOCIAL SECURITY NO.	Chery I	Lynn Phillips ADDRESS	
O	puo poi 2		(IF YES, GIVE	WAR OR OATES)	SOCIAL SECORITI NO.		en Clifton Overi	rlock, Md. 21643 ngton, Poplar St
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O	th condin		1001	DUE TO, OR AS	A CONSEQUENCE OF		1.	
PRESTON	e deoth ce attendin nove corb intion, or troumotic		Conditions, if any, which	(b) C	hromosov	and Abno	rmality	
4	th the re-		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF	· .		
×.	that desertial, cr		underlying cause lost.	( (c) P	rematur	n,ty		
, 201	pl pl		PART 2 OTHER SIGNIFICANT	ONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	0 5	CERTIFICATION						
S	beer mit.	CAI	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
AL R	he loan. hos it per rene lows	THE						YES NO
Z N	SICIAN: The paysician certificate historial-tronsit pental Hygiei litem 18 show	CER	210 ACCIDENT WAS UNDERLYING	110110 4 44	JURY MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	B. PART 1 OR PART 2)
9	Ad File	AL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19			
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VISI	G P of the the the one one of the d	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	SIRCE	CAYORIOWIN	COUNTY
۵	ENDING of ar off OR: After Use as If Health or is marke	М	220.1 certify that (I) (this hospi	tol oftended the de	eceosed from	24 19 82	= 10 8/24	19 82, that (1) (we) lost
	OR ATTEND or hospitol a DIRECTOR: A ached for use Dept. of Heo		sow the deceased alive on above, (1) (4) (4) (4) (did no		07/	nd that in (my (our opinion	deoth occurred on the date and h	our and from the couses stated
	hosp hosp ined f ept. ept.		The Signature	1) view the body offe		DEGREE	1-1-1-1-1-1	THE DATE SIGNED
			Store	1	dam a da	MO ATTENDING PHYSICIAN	MEDICAL STAFF	8/24/82
			22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	JV.OUIC	22e. ADDRESS.	J DIRECTOR   PHISICIAN	10/-1/0
	O HOSPITAL  TO FUNERAL  should be det  with the State		STEVEN (	Fross	mah	D. ()	in Cid. L	Lat a La 1
	retained In FUNE should be with the S	0.0	- 1 V V V			Darrimo	THE LOCATION	103 110
		Z30.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OF TOWA	COUNTY STATE
	BP	04.5	Burial	Aug. 28.	1982 Junior	Order Cemeter		
C	DHMH - 16 50M 1/76		UNERAL DIRECTOR		Federal		IG 3 0 1982 PAR ZIN BEG	DIKAK SOLD HANKLEY
	(VR A 15 (4))	F	amptom-u	Funeral	Home, 216 N.	Main St.		

						STATE	OF MAR	YLAND									
3		FOR STATE			DEPARTMI	ENT OF HE	ALTH AN	ID MENTAL	HYGIENE	9	2	n	1 4	4			
		REGISTRAR		ME	DICAL EX	AMINE	S'S CER	TIFICATE	OF DEAT	H R	EG. NO.	0					
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EXAMINER: CERTIFICATE ULD BE FOR J. WITH THE MARYLAND,		22a. 1 certify	that I took char	ge of the remains des	cribed abave,	7	Autopsy L	, Inspection	an LXJ.	Inquiry	and in	my opinie	an				
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Poge 4 moy	3. SE		B	5. DATE OF BIRTH MONTH DAY YEAR  ( 82	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth. Po	1/2	ARYLAN'D	CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BALTIMO	UNITY OF DEATH
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in 24 hou y filled in should be	130.	AL RESIDENCE IF NURSING HORE OR OTH STATE 138 COUNTY	13c. CITY OR TOW	MORE YES NO [	1828 Prestm	an St Baltimore
MARYI ompletel		ATHER'S NAME FIRST MIDD		15. MOTHER'S MAIDEN FIRST BOROT	NAME THEA PAIC	-iN IAST
BALTIMORE. one be execu- ysicion and c- ppers. Pages vol.		NAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA		PRITY NO. 17 INFORMANT	ADDRESS	1587-9188-640
W. PRESTON ST., of the death certific by the offending ph se remotion, or remo other froumatic even		PART I. DEATH (Enter only of PART I. DEATH WAS CAUSED BY MAMEDIATE CO.)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ARREST EADY CARDIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  15 M/N
he low requires the low requires the low requires the low formal. Then plean remember of the low only injury, or a low only injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON SEPS 15, 196 DATE OF OPERATION NONE	PREMATUR	DEATH BUT NOT RELATED TO THE TE	20s AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
ION OF VITA HYSICIAN: I ading physici his certificate buriol-transi if Mental Hygi or Item 18 sh	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b, TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 21f. LOCATION	URRED JENTER NATURE OF INJURY IN ITI	
OR ATTENDI he hospitol or DIRECTOR: A oched for use t. Dept. of Heal		22a.l certify that (I) (this hospital)	JULY 16 19	DÉGREE ATTENDING	MEDICAL STAFF	d hour and from the couses stated  22c. DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME ITYPE OR PRI	MAZDONADO	0	ILF STREAM	YZON COL, HE
150 BP		BURIAL, CREMATION, REMOVAL 2 SPECIFY)  LIEMATION  UNERAL DIRECTOR	23b. DATE 23c. I	BARTO CITY HE	SP CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76		NAME	ADDRESS		AUG 1 9 1904 17	and comment

STATE OF MARYLAND



1 - STATE REGISTRAR	D	CERTIFICATE OF D		8 2 REG. NO.	20746
I. DECEASED NAME FIRST (TYPE OR PRINT) AR ME		PALATUCC	₹a. D	ATE OF DEATH MONTH	182 7:43
(M) SEX	4. RACE	S. DATE OF BIRTH	VEAR 86	E (IN YEARS LAST BIRTHDAY)	
a BIRTHPLACE LISTATE OF FOREIGN COLINTRY)  10. CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COL	MARRIED NEVER M	VORCED		IOPE CITY ME
BALTIMORE OSUAL RESIDENCE (IF NURS	MERZY, GI	VE STREET ADDRESS)  Y HOSPITA  CE BEFORE ADMISSIONI	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF WORKIN MEMORY MAK	G LIFE) 17b. KIND OF BUSINESS OR INDUSTRY
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30 Salvator	e Cion	AST Vinc	MAIDEN NAME eniza	MIDDLE Piz	ziusso kasi
NO YES NOOR UNKNOWN (IF YES.	GIVE WAR OR DATEST	32.0900 Carmel		either (Same	
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Conditions, if ony, which	DUE TO, OR AS A CON	NSEQUENCE OF EUMONIA			
couse (a), stating the underlying cause lost.	DUE TO, OR AS A COM				
	after frau	ture of pelvis	5 wks	. prior to a	leath
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OR CONTRIBUTING _ CAUSE OF I	DEATH HOUR A.M. MON'	TH DAY YEAR		NTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  21f LOCATIO STREET	N	CITY OR TOWN	COUNTY STATE
saw the decreased alive	spital) attended the deceased	and that in (my)	. 19 to (our) apinion death o		, 19, that (I) (we) last nour and from the causes stated
AL DIRE	A ( and			DICAL STAFF	8/8/1982
should be det with the Store MPORTANT.	b- Cand	ell no Bal	CY HOS	pital	
Daniel Burial CREMATION, REMOV.	8/11/1982	Balto. Nat'1.		Baltimore	Maryland
MH-1650M1/81 Walter Brooks Br	adley, Inc., T	oundalk, Md. 212		O 1002	ISTRAR'S SIGNATURE

STATE OF MARYLAND

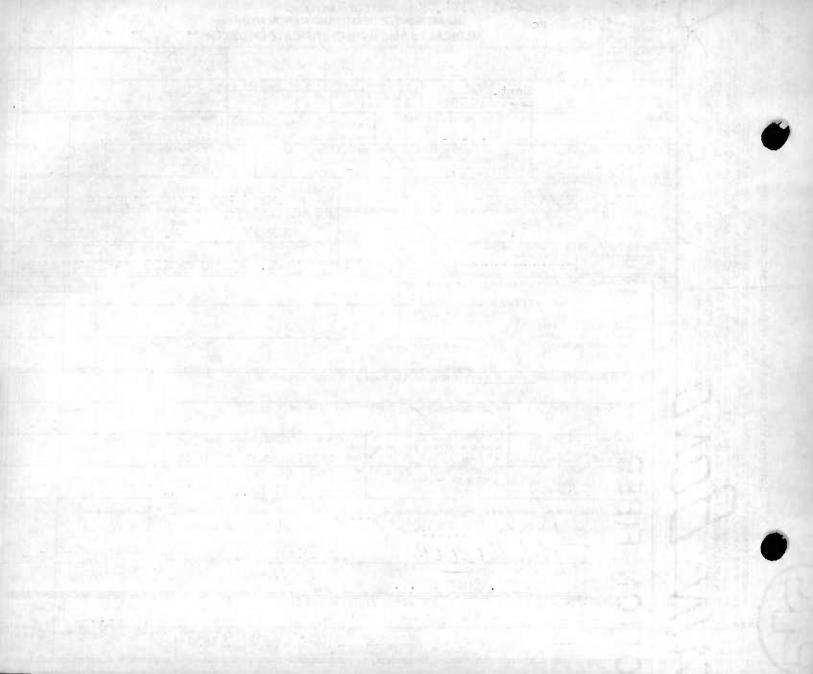
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No or Name	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT) Berr	WIDDLE	Palmer	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 8	26 19 82 M
A	MALE NEGROLL	MONTH DAY YEAR LAST BIR	NYEARS IF UNDER 1 YR. IF UNDER 24 H THDAY) MONTHS DAYS HOURS MIN	IRS. 2¢ DATE MONTH	26 1982 4:AM
A STATE OF THE STA	JA BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?  11-5-17-	The state of the s	□ Baltimore C	ity MD.
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WD. 21201 2, AND 310 13. RETAIN PE 2 SHOULD BE TAL RECORDS,	130. STATE 13b COUNT			STREET ADDRESS Wilco	x 5+
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URS AFTER 8. GIVE PA 8. GIVE PA WITH FORES 1 DIVISION	[YES, NO, OR UNKNOWN] (IF YES, GIVE V	(10 00 D 1455)	-4064 Myrtze	Palmer 1323	APPROXIMATE INTERVAL
STON ST., N 24 HOU! N 174 HOU! N 175 HOU! N 175 HOU! N 175 HOU! N 175 HOU!	PART I DEATH WAS CAUSED  8688 IMMEDIATI	BY: E CAUSE (0) Carbon Monox Due TO, OR AS A CONSEQUEN	ide Intoxication w	ith complications	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RENA RES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALRECO	Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQUEN	CE OF		
CORDS, 2 BE EXECU NDING" II EDICAL E EDICAL A SA BURI. ATH AND REMATIO		( c)ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 1	3).	
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MINIE FOR STATE OF ST	22a I certify that I took charge death resulted from Nativ	e of the remoins described obove, held o		, Inquiry , ond in my ondetermined monner .	pinion
EDICAL EXAM  UTE THE CERTIL  4 SHOULD BE  SINERAL DIREC  MORE, MARY	ACTUAL SIGNATURE	onaid	M.D. Assistant	DATE MEDICAL EXAMINER SIGN	8/27/82
TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	EXAMINER'S NAME (TYPE OR PRINT)  230 BURIAL CREMATION REMOVAL 23	Hormez R. Guard, M.	ADDRESS 111Penns	Street Balto MD	
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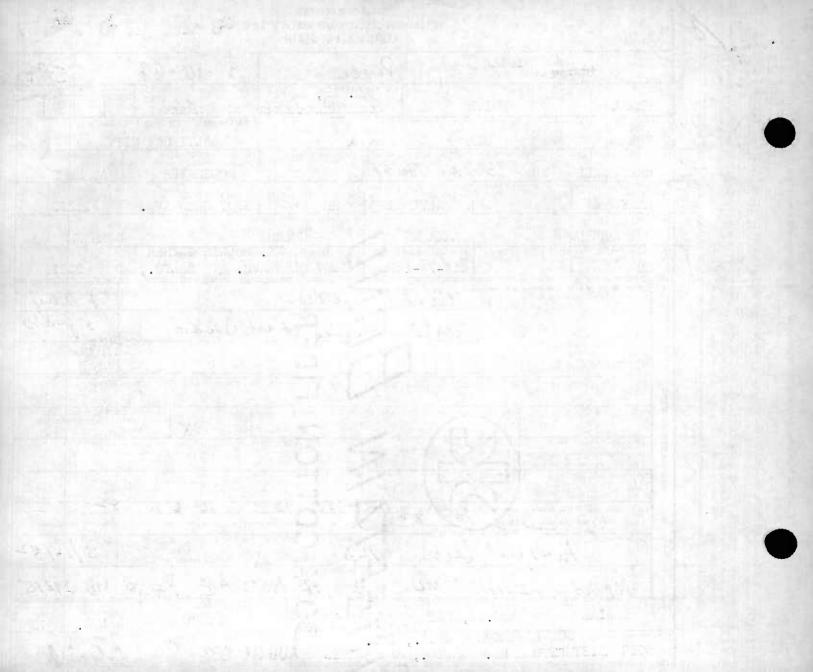
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	RE BE BE		death resulted fra	m: //manuran	Toures .	Accident	A), Suicide L	Hamicide	Undetermined ma	nner,		
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	A SET STATES	-	SIGNATORE	9/1			/	1.0.			3NED	7
	PASSES AND		(TYPE OR PRINT)	Horme	ez R. Gua	ard, M	I.D.	ADDRESS	Penn Stre	et		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR PROPER TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARKEAND,	23a.B	URIAL, CREMATION,	REMOVAL 236	DATE	23c. NA	AME OF CEMETERY C		23d. LOCATION		COUNTY	STATE
Anni	BP		BURI	AT. 9	/1/1982	MOS	ST HOLY I	REDEEMER	BATTMO	REMARY		. 0
1000	DHMH - 17	24. FI	UNERAL DIRECTOR		ADDRESS	-	SALTIMORI	1 MD 250 DATE	BEC'D. BY HEGGINA	R 256 REGISTRAR		4
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e be executers. Poges		YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	214-74-1	199	3907 GLEN A		O., MD	21215		
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on.  In law require to the permit. The ene prior to 1 permit. The ene prior to 1 permit.	IFICATION	CERTIFICATION	IFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? 20	Ob. IF YES, WERE FI	INDINGS USED USES OF DEATH?
SiCIAN: The physicic certificate		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES	NO []		
ING PHY: r attending After this os the bit th and w	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNT	TY STATE		
NR ATTEND A INCECTOR A Hed for use ept. of Heon Item 21 is m		220. I certify that (I) (this be sow the deceased plive above, (I) (we) (did) (did 22b. SIGNATURE				nd hat in (my) (and) opinion	death accurred on the date		, that (I) (we) last me the couses stated DATE SIGNED		
iTAL Oby the by the RAL D State D State D State D		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	fein	7.	4	MEDICAL STAFF DIRECTOR PHYSICIAN		8/16/82		
TO HOSPITA TO FUNERA should be de with the Stot	23a	MANUE 4 BURIAL CREMATION, REMOVE SPECIFY BURIAL	EVIN AL 23h DATE	MO 23c &	AME SE C	6/0/PK HO	23d LOCATION	tho M	0 2/2/5		
74BP	1	UNERAL DIRECTOR SOL	LEVINSON	& RROS	TNC	EMETERY OR CREMATORY I MISHMERES H HAPLATA 250. DAT	ROSEDALE  E REC'D. BY REGISTRAR 25.	BALT	TO. MD		
(VRA 15, 4)		6010 REISTERS	TOWN RD.	BALTO.,	MD	21215 AUG	20 1982	angle (	shill		



K		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 2	207	5 0
	e 6.₹		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	dept dept		MARY	4 RACE S. DA			IELLA	08/21/82	IF UNDER I YEAR	11:28a
	ge A mo	3. SE	Female			S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  58 YR	HOURS MIN.	
	The Paris of the P	Ta Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Conn.	U. S.	WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DIVORCED	BALTIMORE (		MD.
5	5	E	ALTIMORE	JOHNS	HOPKINS	S HOS	OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN  House Wife		OF BUSINESS OR
AND 212	- 35	ISU.	AL RESIDENCE IIF NURSING HOMEOUTATE  Md. Ba	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 432 Acadamy F	ld.	
MARYL		14. F/	THER'S NAME William	R.	Carver		15. MOTHER'S MAIDEN NA. Frances	WE	Egles'	ST
IIMORE,			VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? /E WAR OR DATES)	16b SOCIAL SECU	RITY NO.	Mr. Richard	Granvil Perend. C. Panella	Balto. N	id. 21207
RDS, 201 W. PRESTON ST.,	equires that the death certificate in signed by the attending physical Trend places femare corbanapaper traductal, or remayol.	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O    DUE TO, O    DUE TO, O    Cc)	RASACONSEQUE	ence of Purp ence of US 3 (	condul in	oray disease	da	ef lais.
DIVISION OF VITAL RECORD	The low incion.  The hos bee is permit giene pringing.	CERTIFICATION	190 DATE OF OPERATION	1		OPERATIO	N WAS PERFORMED	YES NO IN CER	YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED S OF DEATH?
N OF VII	SICIAN: ng physical p	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING COURSE OF DELETHER NOTIFY MEDICAL EXAMINES OF THE CONTRIBUTION OF THE CONTRIBUTI	HOUR A.	M. MONTH DA	AY YEAR	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)	
DIVISIO	G P offer rer fl s the	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	ATTENDIN aspital or ECTOR. Af d for use o d for use o f. of Health		22a 1 certify that (1) (this hosp sow the deceased alive or abave, (1) (we) (Gid) (did no	ital) offended th	after death.	TET		death occurred on the date and	naur and from the	
	TAL OR by the high detache detache tate Dep		22b. SIGNATUII	Yanu	W V	ID		MEDICAL STAFF DIRECTOR PHYSICIAN	81	21 82
	O HOSPITAL etained by th TO FUNERAL should be deta with the State		John 1	lannis			600 N	WOLFE ST	REET	BALT.
000	0 BP		SURIAL, CREMATION, REMOVAL Cremation	Aug. 2	4,1982 W	lestvi	ew Cem.	23d LOCATION CITY OF TOWN Balto.	COUNTY	Md. STATE
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	NAME SISI BALT		50 hours		21229 AL	IG 3 0 1982	SISTRAR'S SIGNA	helf

at t 1.5, control \$82 to 2.0 . SULESET H. L.D. a. Image . a war of h. . . . . A Latter Self. 12 . the molting

Connect E Parks will be 11 11 16 15 C. 12 - 51 - 5 - 12 - 31 - 12 A 40 1 American Land Buttered City I To with a stand and built come I had a secretary Mil lime none of Prosident was sold from the Deaprilland & the sent Elist was self Makeson - - 121424-4125 Mediant New Weekstern Well Contan Control Teaching Change of the Control of the Contr The same of the same of the same of the 

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DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OF PRINTI Arnita 1982 Svlvia Parran August 9 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 26 EAR 1 OAY 55 Female Black 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City MD USA WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Provident Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREED ADDRESS Baker St. MD 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Mouliden Clara Johnson Rogers 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Catherine Burris 6635 Dalton Dr. 18. CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220. I certify that (I) (the hospital) attended the eceased from above ((we) (did (did not) view the body ofter death.

21e. PLACE OF INJURY

71b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

STATE

COUNTY

and that in (pur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF

ATTENDING PHYSICIAN

II LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Crownsville

Burial 24 FUNERAL DIRECTOR

22b. SIGNATURE

276 PHYSICIAN SMA

230. BURIAL, CREMANON, REMOVAL

710 ACCIDENT WAS UNDERLYING

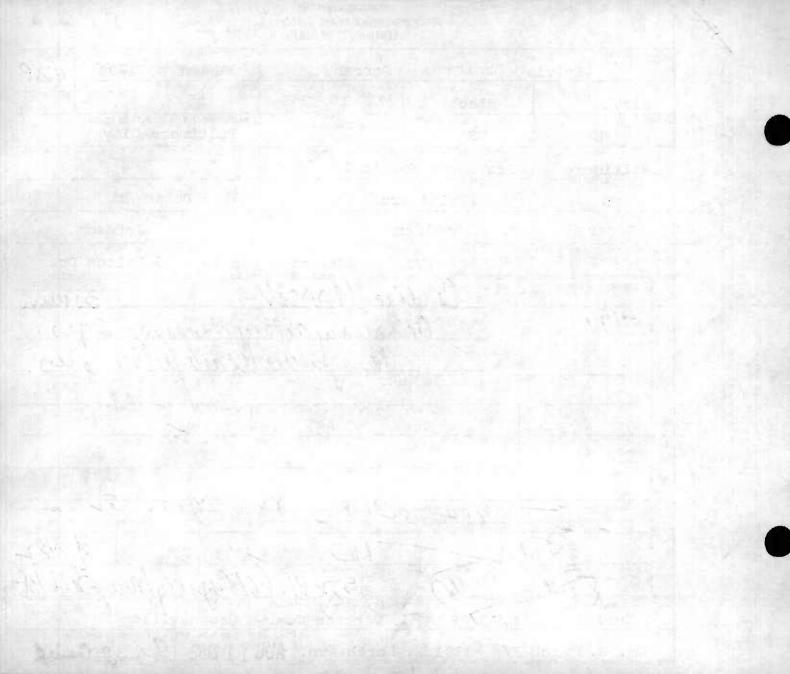
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 21d INJURY OCCURRED

sow the deceased alive on\_

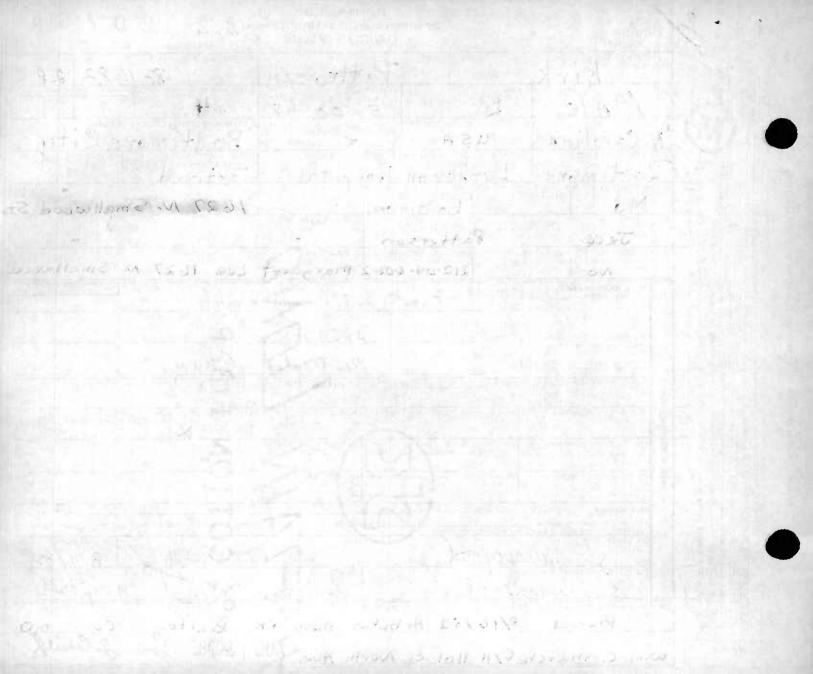
1101 E. North Ave. C. March F/H

25n. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



9	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20/	5 4
y be oth	I DE	CEASED NAME FIRST CLAREN		PAH	erso	ast Pul		8-2-82	3.40 P.M
pge 4 mo	3 SEX	Male	4 RACE	Slack	MONTH 7	PF BIRTH	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	
death. P	Ma	RTHPLACE (STATE OR FOREIGN DUNTRY)  A ryland  Ty Or TOWN OF DEATH	US		WIDOWE	NEVER MARRIED DIVORCED DIVORCED DIVORCED	Baltimore City or Baltimor	e City	MD.
1201 Durs offer in by the f	_	Balto, Md AL RESIDENCE (IF NURSING HOME OF	Luth	eran Ho	spit		126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR Y
LAND 2 LAND 2 y filled should b	13a. S	TATE 136 COUN		Baltim	/N	13d. INSIDE CITY LIMITS? YES NO NO NO.	31 14 Pre	sbury S	, t
complete		Giles	WIDDLE	Patte		Cora	MIDDLE		ford
TIMORE be exect be exect be exect by an ond conditions. Pages	16a V	VAS DECEASED EVER IN U.S. AR les, no or unknown) No	MED FORCES? WAR OR DATES)	16h SOCIAL SECT		William A.		1218 N.Mc	
he death certificate he attending physic emove carbon pape mation, or removal, or troumatic event, it		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gave rise to immediate cause (a), stating the	D BY- TE CAUSE (o)  DUE TO, O  (b)	R AS A CONSEQUE	ENCE OF	annest myocar dial	infercti	SETWEE!	DXIMATE INTERVAL N ONSEL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The low requires that I often this certificate has been signed by the state buriol-transit permit. Then please the hand Mental Hygiene prior to burial, created at them 18 shows any injury, or other orkedar them 18 shows any injury, or other orkedar them.	CERTIFICATION	underlying cause last  PART 2 OTHER SIGNIFICANT C	(c)	ontributing to	DEATH BUT	NOT RELATED TO THE TERM		ITION GIVEN IN PART I	PINGS USED
ON OF VITAL RE IYSICIAN: The lo ding physicion. Is certificate has Mounal-transit per Mounal-transit per Mounal Hygies friem 18 shows s		21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)			AY YEAR	21c. HOW INJURY OCCURI	YES NO	YES	NO 🗆
NG PHYSON Ottendir ffer this as the bunk though the box sorked or orked or or orked or or orked or	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIA cospital or tECTOR: A ed for use of. of Heali		220. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did na 22b. SIGNATURE			, or	, 19 d that in (my) (our) opinion DEGREE	, to deoth occurred an the dot	e and hour and from th	e causes stated
HOSPITAL OR ned by the FUNERAL DIR I be detoching the State Degrant if the State Degrant if the State Degrant if the State Degrant is the State Degrant if the State Degrant is t	Ų	S SULV.	au of	rol		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	_/ 0	12/82
TO HOSPITA retained by TO FUNERA should be do with the Sto	730 0	S. SULL	IZ NA	for,	MAMERIE	Suffice EMETERY OR CREMATORY	EN HOS	ortal	MD
50 CBP	(:	BURIAL	8/7/8			ion Cemeter	y Mt.Zion	COUNTY	Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR NAME  1. C. March F	/H 110	1 E. No	rth A	Avenue AUG	E REC'D. BY REGISTRAND	and Get	ulf

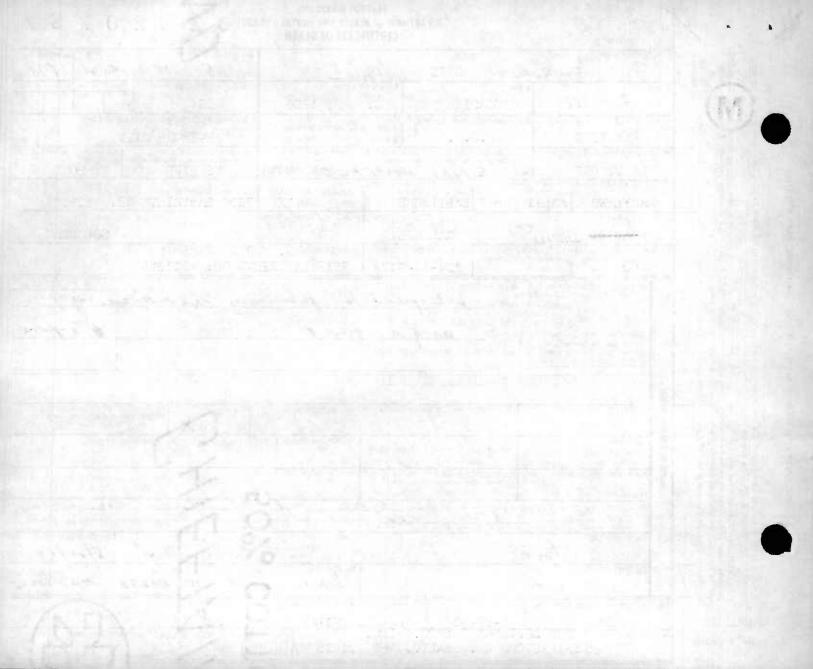
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011	1.	- STATE REGISTRAR  CERTIFICATE OF DEATH  8 2 REG. NO.
ay be ge 3 eath 4	(TYPE	CEASED NAME PATTENSON PATTENSON AUG-9, 1982 126 HOUR PATTENSON AUG-9, 1982
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 SE	Male Black MONTH DAY YEAR 53 YRS MONTHS DAYS HOURS MIN
de oth	Wa B	IRTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALT CITY  MIDOWED DIVORCED BALT CITY  MD.
201 rs after,	B.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSIGHTAGE OF MOST OF
AND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136 COUNTY  136 CITY OR TOWN  136 INSIDE CITY LIMITS?  YES NO   130 STREET ADDRESS  130 STREET ADDRESS  130 STREET ADDRESS  131 INSIDE CITY LIMITS?
MARYI.	14 FA	ATHER'S NAME  LAST  LAST  GEORGIA  MIDDLE  LAST  GEORGIA  MIDDLE  CONVOCE  LAST
IMORE,	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  577-30-9998 Mrs. Marion Patterson Same
I W. PRESTON ST., BALT  not the death certificate b  by the attending physicion  sse remove carbonoppers.  Cremation, ar removal.  other traumotic event, the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   CALCINGMA
S, 201	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RECO	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
N Syr Con Hy		218. ACCIDENT WAS UNDERLYING TO THE OF INJURY OR CONTRIBUTING TO ALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED  (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF DIVISION OF The PHYSICIA After this certiful os the buriol-th on the buriol-th and mental increased on them.	MEDICAL	21d INJURY OCCURRED  WHILE NOT THE AT WORK AT JOHN AT
TTEND pital o prital o TOR: v for use of Hea		22a.1 certify that it (this haspital) attended the decyased from
SPITAL OR A J by the hos NERAL DIREC be deforched e Stote Dept.		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNED  226. DATE SIGNED  227. DATE SIGNED
fo HOSPIT.  etoined by TO FUNER. should be owith the Ste		MACK BONNER, JR. 2600 LIBERTY HTS, BALTO, MD.
274BP	(5	Buil 8-30-82 Kingle Community 13th Location 14th Community 15th Location
DHMH - 16 60M 1/75 (VR A 15 (4))	-	INERAL DIRECTOR NAME MAS H. Moston & Sons 170/ La 150 DATE RECD. BY REGISTRAR IN REGISTRAR'S SIGNATURE 170/ La

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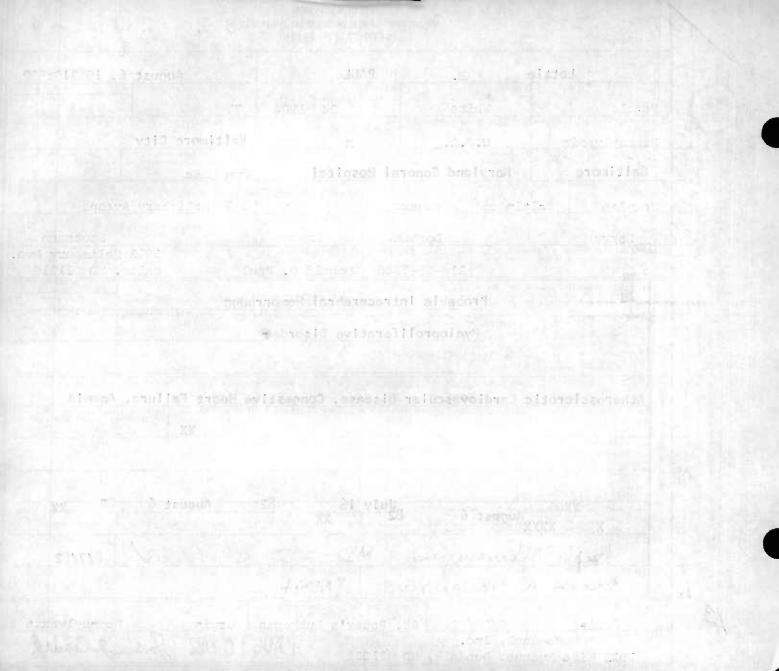
d.		6	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	2 (	0 7	5	7
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	2 24		{TYPE C	FLORES	Weit- DORIS	n	41.1	8	20 19	BY	8PL	1
	1	-	SEX		RACE	5. DATE	AUL OF DIDTH	6. AGE (IN YEARS LAST BIRTI	1/	NDER I YEAR	IF UNDER 24	A MPS
	(M)			FEMALE	CAUCASIAN	DEC.		55	YRS.	HS DAYS	HOURS	MIN.
	V/	(1		THPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	DEATH		
	1 1 1	7		NEW YORK	U.S.A.	WIDOW		BALTIMO	RE CITY			MD.
	1 11 2	10	0. C1T	OR TOWN OF DEATH	NAME OF HOSPITAL, NUI     IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	120. USUAL OCCUPATION		26. KIND O	F BUSINES	SOR
5	1 2 9	54		BALTIMORE	SINAL		TAL OF BALTO.	HOUSEWIFE		AT H	OME	
212	be in	7.0	JSUAI 130. ST	RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSION		In CARLET ADDRESS				
2	illed State	5	-	ARYLAND BALTI			136 INSIDE CITY LIMITS?	7513 LABYR	INTH RD	. #2	1208	
YLA	清 李祁	ja l	4. FAT	HER'S NAME			15. MOTHER'S MAIDEN NA	ME				
IAR	3 12 B	3/	-	DANIEL DAVID	RAPH	AEL.	IDA	WIDOLE		GOLD		
a,	S - S	1	60.W.	AS DECEASED EVER IN U.S. ARM			17. INFORMANTMR. N	ORMAN PAMPPRES	SS	OODD	DLINO	
YON	ond oge	2	(YE	S, NO OR UNKNOWN) (IF YES, GIVE '	WAR OR DATES) 13/-1	4-5473		NTH RD. #23				
15	be be	-					7313 LKBIKI	WIII ND: "Z	1200	APPROXI	MATE INTERVA	AL
BA	hysic pope ovol			8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:		1		160	BETWEEN	NSET AND DE	EATH
ST.	ng p non nem rem			1749 IMMEDIATE	CAUSE (0) wider	prend	vone, furmor	ary CNI	MARIA	ca 7	Jen	4
PRESTON	oth c corb o, or notice				DUE TO, OR AS A CONSE		1	THE DAY		47	- 1.1 -	
ESI	dec offe offe offe offe offe offe offe of			Conditions, if any, which	(b) CA.	of the.	Mart			0 2	gen	4
4	the rem			cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF						
2	thot d by ease ol, co			underlying couse lost.	(c)							
DIVISION OF VITAL RECORDS, 20	signed Then plants to burn			PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN I	N PART III		
0	beer mit prior	17	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE	ERE FINDIN	GS USED	
2	hos hos	1	Ĕ					YES TO NOW	IN CERTIFYING	CAUSES	OF DEATH	1?
TI.	N. Th	0	# F	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)		
N-V	phy phy milities and milities a	9		OR CONTRIBUTING CAUSE OF DEATH			V. A. S.					
N	HYSK ding ding ding buric Men		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION					
ISIO	PH tend		ME .	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR TOW	(N	COUNTY	51A	LTE.
2	IN Afte		ŀ	AT WORK			200			1.		
	olo olo OR: Use Heo			220.1 certify that (1) (this hospital saw the deceased alive an	oi) offended the deceased fro	- 1	and that in (my) (our) opinion	death servered so the de	to and hour on		that (I) (we	
	ATT DSpirit SCTC d fo d fo m 2			obove, (I) (we) (did) (did not)	view the body ofter death.	7, 0			ie olio noor olio			-0
	OR e h		- 1	226. SIGNATURE			DEGREE ATTENDING _	_ MEDICAL STAF	. /	22c. DATE	SIGNED	
	Y th			In	м.		PHYSICIAN [	DIRECTOR PHYSICI		8/2	18x	
	HOSPI ined b ruld be of the S	/		224 PHYSICIAN'S NAME (TYPE OR	PRINT		220 ADDRESS			1		
	O HOSPIT etoined by TO FUNER should be with the St			Lim			JINAT H	OF OF	RA-LTO	, 142	, 2/2	24
0000	5 5 5 7 3 Z-			IRIAL, CREMATION, REMOVAL	23b. DATE	3c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				
1000	BP		(5	BURIAL	8-22-82	SHAARI	EI TFILOH	BALTIMORI		YINUC	MD STA	
			24. FUI	VERAL DIRECTOR SOL LE	VINSON & BROS	., INC.	25a. DAT	E REC'D. BY REGISTRAR		'S SIGNAT		
D	HMH - 16 50M 4/B2 (VRA 15, 4)			6010 REISTERST	TOWN RD., BALT	0., MD	21215 AUG !	2 4 1982	ean 9	Can	ul	
		1										



21222

7922 Wise Avenue, Dundalk, MD

DIVISION OF VITAL RECORDS, 201



5	1.	FOR STATE			DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 2	2	0 /	5 9
	I DE	REGISTRAR CEASED NAME	FIRST		AIDDLE		FICATE OF DEATH	REG. N			
		OR PRINT)	EDIT		S.		PAWL	20 DATE OF DEATH	MONTH D	C 7	26 HOUR
	1.58)	(	77	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
		Female		Whit	te	MONT 9	30 14	67	YRS.	NONTHS DAYS	HOURS MIN.
3		RTHPLACE (STATEORE COUNTRY) irginia	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOW	ED ■ NEVER MARRIED □	9 BALTIMORE CITY O			MD.
1	В	iy or town of DEA altimore		South Ba	altimore	G HOME (	cal Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND C	OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURS TATE ryland	13h COUN	OTHER INSTITUTION.	Brooklyn	N	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 311 W. 4th	ı Aven	ue 2:	1225
2	)4. FA	THER'S NAME William		MIDDLE	Saunde	ers	Martha	widge.		To	sı ney
2		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	216-12-2		Clifford W.	Paw1 311 4			
		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	ly ane cause per D BY. E CAUSE (a)	Cord	) /2 C	Dintary	Arrest		BETWEEN	ONSET AND DEATH
		4100			R AS A CONSEQUE	1 -	Shar	1)			
		Conditions, if ony, gave rise to imm cause (a), statin	nediate g the	DUE TO, OF	R AS A CONSEQUE	OFE OF	hic 31100	, , , , , , , , , , , , , , , , , , ,			
		underlying cause		(c)	ACUTE 1	dyo	cardial into	arction	•		
	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CC	INTRIBUTING TO D	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a.
1	CERTIFICAT	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA		M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE	ILE	21e PLACE C	OF INJURY EET FACTORY, OFFICE, F.	ARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) saw the accesse abave, (1) we (a				0	nd that in (my) out opinion (	to 8 - 9 death occurred on the de	ate and hour	ond from the	that (I we) ast
77		226 SIGNATURE	rel 1	3. 1	stor	. ,	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI		220 DATE 8-9	SIGNED 7-82
1	4	22d PMYSICIANS NA	ME (TYPE O	B.	Neste	St.	300/ S.	Hanover	· 5t.	Ral-	4.
	23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b DATE 8/13/8			idge Mem. Pk,	23d LOCATION CITY OF TOWN Elkridge	How	county	MaryTand

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNETAL DIRECTOR After this certificate has been signed by the offending physician and completely filled in by the sport be detected to use at the build remain premit. Then please remove carbon papers. Pages 1 and 2 smill be filed with the State Direct of Headth and Mensial Hydrone print to buriol, cremation, or removal.

an injury, or other troumotic event, the m

24 FUNERAL DIRECTOR
NAME
ADDRESS
21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AUG 13 1982 John & Cohief

8 7 82 - 750 E TO THE PROPERTY AND ADDRESS OF THE PARTY OF number of the second of the se ATT TO ANNUAL TO LONG OF THE PARTY OF THE The second secon the state of the state of the state of FIRST LOS AND REAL STATES IN THE PROPERTY OF THE PARTY. Specific application of the lightest strength of the light and the investigation of the contract applied

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	0 7 6 0
t my var of the second of the	1. DE (TYPE	CEASED NAME PRIST OR PRINT) Baby	Boy F	S. DATE OF BIRTH	20. DATE OF DEATH MONTH  8 3 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
death Page threeful display	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 30 82  MARRIED NEVER MARRIED WIDOWED DIVORCED	YRS.  9 BALTIMORE CITY OR COUNTY  BALTIMORE CITY OR COUNTY  120 USUAL OCCUPATION	*
No 21201 24 hours after lited in by the uild be filed w	B 13a.	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET  R INSTITUTION, GIVE RESIDENCE BEFORE  13. CITY OR TOW	ADDRESSI Hosp.	13e STREET ADDRESS	E) INDUSTRY
RE, MARYIA ecuted within d completel es I and 2 sin	14. F/	ATHERS NAME  WITTERST LE EN  VAS DECEASED EVER IN U.S. AR.	DWARD LON	15 MOTHER'S MAIDENN FIRST Senable	AME	Peaks
ST., BALTIMORE, entiticate be executed by physician and compapers. Pages I remayal.		18 CAUSE OF DEATH (Enter on- PART I. DEATH WAS CAUSEI	N A		R.Staten 82 2E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON  at the death or  by the attendin  sse remove carb  cremation, ar		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	vascular (	Collapse	
ECORDS, 201  ow requires the been signed from the plector to burial only injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	OPERATION WAS PERFORMED	20a. AUTOPŞŸ? 20b. IF YES	EN IN PART 1(b)
SION OF VITAL RI PHYSICIAN: The Ic ending physician. this certificate has be burial-transit per ad Mental Hygiene d or Item 18 shows	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		S NO
DIVISION OF  ATTENDING PHYSICIA spiral or attending pi SCTOR: After this certif d for use as the burial-t t of Health and Mental n 21 is marked or item	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this haspit	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	8/30 19 8	CITY OR TOWN	COUNTY STATE
OR ho		obove, (I) wo find (did not	1) view the body ofter death.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL ( TO FUNERAL II should be deto with the Store I	230.	STEUEN  SURIAL CREMATION, REMOVAL  SPAIN	Grossm	16	CITY OR TOWN	HOD.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	JNERAL DIRECTOR NAME M. C. Marc	h F/H 1018		ATE REC'D. BY REGISTRAR 251. HOSE	RAR'S SIGNATURE

All and a second of the second

March F/H 1101 E. North Avenue

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

physician and campletely filled

		FOR	
1	-	STATE	
		REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

2	0	1	6	2

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST		MIDDLE		AST		ONTH	DAY YEAR	26 HOUR
	(TYPE	BERNICE		LENORE	DEAD	05	ALIC	HCT	7 1000	6 404
	3. SE		4. RACE	<u> </u>	PEAR 5. DATE C		6. AGE (IN YEARS LAST BIRTH	UST	7.1982 FUNDER LYEAR	6:40A_M
	200	Female	Wh:	ite		t. 1, 1922	59	YRS	MONTHS: DAYS	HOURS MIN.
5	На	RTHPLACE (STATE OR FOREIGN POPULATRY) CO., Md.		WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED '	9 BALTIMORE CITY <u>OR</u> Baltimore			MD.
5	Ba	TY OR TOWN OF DEATH  ltimore	(IF NOT CH	irch Hosp	ital,	Inc.	12a USUAŁ OCCUPATION (TYPE OF WORK FOR MOST OF V Clerk			F BUSINESS OR
5	Ma:		other institution alto.	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Dundalk	admission) N	YES NO	13e. STREET ADDRESS 7202 Woodr	ow 2	Ave. 21	224
1	)	Reese	MIDDLE	Jones		Mildred	WIDDLE		Knig	ht
2		VAS DECEASED EVER IN U.S. AR, (ES, 178 UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	212.18.5		James W. Pear	ADDRESS CCE (Same as		e)	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, OF		NCE OF	NOT RELATED TO THE TERMIN N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	IVEN IN PART 110 ES, WERE FINDIN IFYING CAUSES	IGS USED
	RTIF						YES NO NO	Y	ES [	NO 🗌
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  NOTIWHILE AT WORK AT WORK AT WORK	P./ 21e PLACE C	M. MONTH DA	19	21c. HOW INJURY OCCURRE 211 LOCATION STREET	ED (ENTER NATURE OF INJURY I		PART 1 OR PART 2)  COUNTY	STATE
		220.1 certify that (1) this hospit saw the december of older and older on obove. (1) certified and older on 22b. SIGNATURE	Some the body	ofter death 19 8		d that in (my) Gurdapinian de DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	DVN	220 DATE	SIGNED /82
	42	22d. PHYSICIAN'S NAME (TYPE OF	C C	ru Ruso	JAM	BROADWAY, B	HOSPITAL CO ALTIMORE, MA	RPOI	RATION, AND 212	100 N.
	- (	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	_	cemation	8/9/19	82 Gr	een M	ount Crematory	Baltimor		Ma	ryland
	24 FL	INERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR 251	. 960345	TRAWSSIGNATI	195

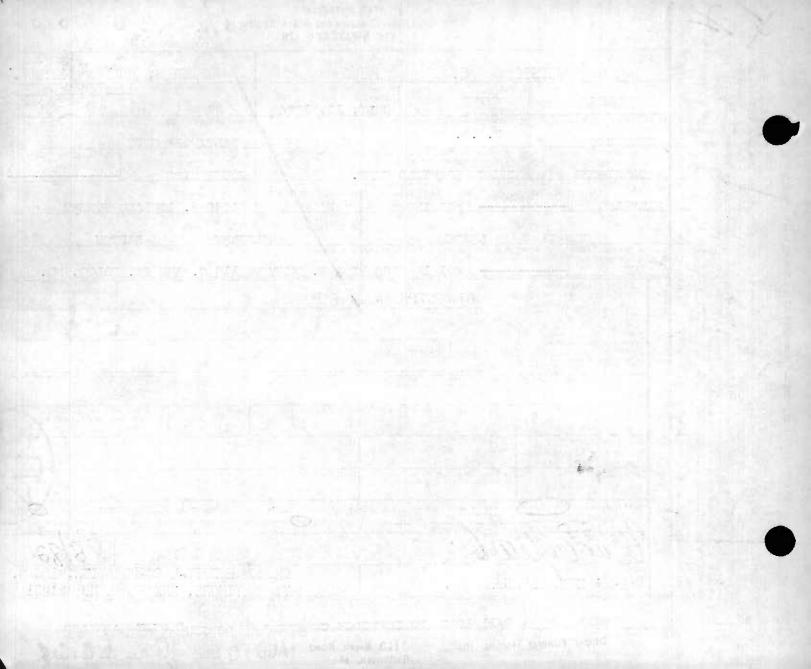
Walter Brooks Bradley Inc., Duffdalk, Md. 21222

TO FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pric

Baltimore, Md.



ALLES DE LE LA CONTRA LA C

		ECEASED NAME PE OR PRINT)	FIRST		MIDDLE		AST	20 DATE	OF DE ATH	MONTH DA	Y YEAR	26 HOUR
100	1	LEG	ON		Α.	PER	SKIE	AUGU	ST 21	1982		8:40 PM
( RAT	3. S	X	3.55	4 RACE		S. DATE C			IN YEARS LAST BIRT	THDAY)	UNDER I YEAR	IF UNDER 24 HRS
(INI)	1	MALE		WHIT	F	ADRT	L 10,1899		83	YRS.	ONINS DATS	HOURS MIN.
11/1	7o. 6	SIRTHPLACE (STATE OR	OREIGN		WHAT COUNTR	V2 8		9 BALTIA	MORE CITY O		OF DEATH	
1 11 60		NEW JERSE	,	11	S.A.	WIDOWE	NEVER MARRIED					
4 34 64 t	10 0	ITY OR TOWN OF DEA			O		OR OTHER INSTITUTION		TIMORE		12b KIND O	MD.  F BUSINESS OR
- 4 4 1/	1	DALTIMODE		(IF NOT IN SU	CH FACILITY, GIVE STRE	EET ADDRESS)		(TYPE OF W	VORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
2 1 4 4	est	BALTIMORE JALRESIDENCE (IF NURS	ING HOME OF		LARKS LA		. 203 (21215	S) I_SEL	F-EMPL	OYED	<u>LPHOTO</u>	GRAPHER
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 INC. PHYSICIAN: The low requires that the death certificate be executed within 21 the rather than 52 the statistics of the burial statistics. When the burial statistics of the burial statistics of the burial statistics of the burial statistics of the burial statistics. Pages 1 and 2 should be than different than different than 52 the medical examination, or removal.	13e	ARYLAND	13b. COU		BALTIM	NWN	13d. INSIDE CITY LIMITS?		CLARK:	S LANE	APT.2	03(21215
RYI.	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME	WIDDIE			
AM mple ond		JACOB		MIDDLE	PERSKI	E	LENA		WIDDLE		ARRA	MOWITZ
es of contraction		WAS DECEASED EVER			166 SOCIAL SE		17. INFORMANT		ADDRE	SS		1215
MORE exect		YES, NO OR UNKNOWN)	WWI	E WAR OR DATES)	213-28-	01254	MRS. LEAH P	EDCVIE	7777	CIADVC		
ALTI cior ders.	-	IS CAUSE OF DEAT		du ana saura na			IMIKO. LEATI P	EKSKIE	3/3/	LAKKS		MATE INTERVAL ONSET AND DEATH
ficoi fico pop novo ent,		PART I. DEATH W	AS CAUSE	D BY.	Metasto	1 .	cancer.				BETWEEN	ONSET AND DEATH
ng r ren		1991	IMMEDIA.	TE CAUSE (o)	Merusie	itie c	will the same of t					
oth oth only on work		////		DUE TO, C	DR AS A CONSEC	DUENCE OF					100	
RES e de e de movio		Conditions, if ony, gave rise to imm		(b)_								
W. W. th		cause (a), statin underlying cause		DUE TO, C	OR AS A CONSEC	DUENCE OF						
of by the state of or o				(c)								
S, 2 urres en p en p bury.	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONT	DITION GIVE	V IN PART 1	5,
ORD red red y inj	은		Cor	Jestu	ve 14cm	21						
low low	CERTIFICATION	190 DATE OF OPERA	ION	19b. COND	OTTON FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AL	JTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH?
TAL The The icion.	1 2							YES [		YES		NO 🗌
DF VITAN: The physical physical distribution of the physical physi		OR CONTRIBUTING	-	21b. TIME C	DF INJURY	DAY YEAR	21t HOW INJURY OCC	URRED (ENTER	NATURE OF INJUR	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
ICIA g p p p p p p p p p p p p p p p p p p p	SE	(IF EITHER NOTIFY MEDIC		ATPI	.M.	19						
PHYSICIAN: ending phys this certifica te buriol-tror ad Mentol Hy d or Item 18	MEDICAL	21d INJURY OCCUR	RED		OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
NG P Affer t Affer t os the os the orked	2	WHILE NOT WH	KE C	(AT HUME, ST	IREET, FACTORY, OFFIC	E, FARM, ETC. )	3,400		C11. Ox 10.			31616
Af Af Se o		22a. I certify that (I)		tal) attended th	he deceased from	Kry	17 19 8	ک, to	Quew	+ 21.1	52	that (I) (we) last
TTEN Sitted TOR For us		saw the decease above, (I) (we) (c	d olive on	Men	st 20 19	82	nd that in (my) (our) opinio	on death accu	rred on the do	ate and hour	and from the	couses stated
REC hed her tem		22h SIGNATURE	iia) (ala no	view the body	y offer death.		DEGREE			10.00	22c DATE	
the Designation		Den.	1. 7	9-12	40-0	m	ATTENDING	MEDICA	AL STAF	F	8/2:	2/42
by ERA		22d. PHYSICIA	AME ITYPE C	OR PRINT)	juice		22e ADDRESS	DIRECTO	OR PHYSIC	IAN	10/20	110
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TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT	-					1110	Sinay H	02011	21 6.6	31000	110	X1-0-1
	230	BURIAL, CREMATION, (SPECIFY)	REMOVAL				EMETERY OR CREMATOR	Y 23d. LO	CATION LITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOSO	LEV.	INSON &	BROS	NC.	Market Control of the		Y REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
(VRA 15, 4)	6	010 REISTER	RSTOW	N RD. BA	ALTIOMRE	, MARYL	AND 21215	20419	182	& au	الما دار	my.

FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

The second second second second

Schimunek Funeral Home. Inc.

Brehms Lane, Balto, Md. 21213

MIDDLE

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛮 😕

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

254 DAH REC'S BURGETRAN 211 REGESTRANS

26 HOUR

5:22P

IF UNDER 24 HRS

STATE

STATE

FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		Ambrazie jus	NIDDLE		etravi	cius	August 29			YEAR	2b HOL	JR
3 SE	Male	4 RACE White		5 DATE C		1893	& AGE (IN YEARS LAST B	PRTHDAY)	IF UNDE	R I YEAR	IE UNDER HOURS	R 24 HRS MIN.
7	RTHPLACE (STATE OR FORE	U.S.A		WIDOWE		VORCED [	Baltimore city	_		ATH		MC
	Baltimore	61111500	Birchwood	Ave.	R OTHER INS	TITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST		LIFE) 12b.	KIND OI USTRY Iora	F BUSINE	ESS OR
13a M	laryland		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Baltimo	٧ .	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 6111 Bir		d Av	e.		
C s	Stasys	MIDDLE	Petravic	ius		s maiden na/ first <b>dal ena</b>	WIDDIE		U	ı ASI		
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	216-30-2		Magd		ADDR Petravicius					lve-
NO		hich liote		Ton	USEL BOT HELATED		INAL DISEASE OR CON	MAL MOITION G	IVEN IN P	ART Ho		
CERTIFICATION	190 DATE OF OPERATIO	N 19b. CONDI	TION FOR WHICH (	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE			TH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU:  (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR A.A.	A. MONTH DA	Y YEAR	13,45		RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR I	PART 2)		
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY SET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATIO		CITY OR TO	OWN	COL	YĪNĻ	5.	STATE
	sow the deceased of	is hospital) attended the plive on	19		d that in (my)	_, 19 (our) opinion (	, to deoth accurred on the d				ouses sto	oted
-	274. PHY 12 - 1712 4			M	22e ADDRES	S	MEDICAL STA DIRECTOR PHYSH	CIAN 🗌	9	9/1/	82	
	Luis /1.	Zuniga, M.	D.		1101	Maider	n Choice La	ne Ba	ltim	ore	Ma.	

23c NAME OF CEMETERY OR CREMATORY

Holy Redeemer

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Sept.1,1982

230 BURIAL, CREMATION, REMOVAL **Burial** 

23d LOCATION
CITY OR TOWN
Baltimore 25a. DATE REC'D. SEP 2 1982

Maryland

COUNTY

THE PERSON NAMED IN COLUMN

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		R. Sur	freeze, comen	th, inc. halk	eri .6 Jermanel

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

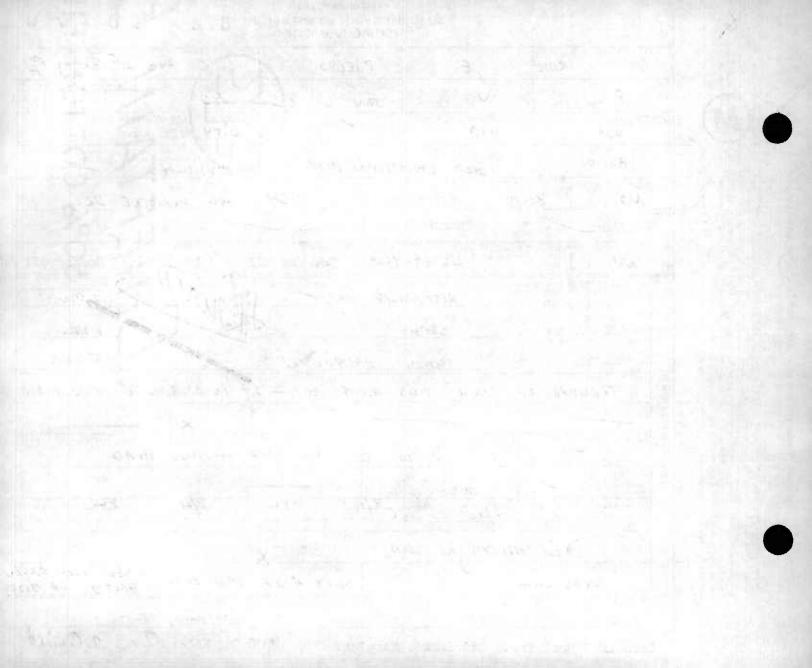
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6	FOR STATE REGISTRAR		DE	PARTMENT OF HEA	OF MARYLAND LITH AND MENTAL ATE OF DEATH	0 4	2 2 EG. NO.	0 7	7 0
poge 3 r death	L DECEASED NAME	RUSE	E.	PH	ELPS	20. DATE OF DEA	Aug 2	AYST YEAR	26 HOUR
p boo	3. SEX F.	4. RAC	$\mathbb{W}_{\mathtt{White}}$	S. DATE OF	DAY YEAR	6 AGE (IN YEARS	AST BIRTHDAY) M	ONTHS DATE	IF UNDER 24 HRS
(1)	dulisiana (SI	ATE OR FOREIGN 76. CIT	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	b -	Baltimore		M
45	BALL	O.		STREET ADDRESS)	1 three		UPATION MOST OF WORKING LIFE	126 KIND OF INDUSTRY	BUSINESSO
33	JSUAL RESIDENCE	OTHER IN OUNTY	13t, CITY OF Balt	timore	NSIDE CITY LIMITS	1406	RESS MERLIDEN	E DR.	
301	Anthon	MIDDLE	Charcl	i	S. MOTHER'S MAIDEN  Genevia	eve ?		? LAST	
oe execu sn and c	(YES, NO OR UNKNOW	EVER IN U.S. ARMED FO		09-9329	Solal Mr	Wilbur A	Phelps 14	15 Ceda	rcroft
law requires that the dec so been signed by the atte ermit. Then please remove e prior to buriol, cremation	couse (a), underlying PART 2. OTHE	r SIGNIFICANT CONDIT	JE TO, OR AS A CON  (c) 30)  HONS CONTRIBUTION	GTO DEATH BUT NO PLUS ACL	TE Mili-	- to 1 hr	ACRAN. Ne.	N IN PART 110	AYS. BRITAGE GS USED
HYSICIAN, The ding physicion is certificate he buriel-transit p Mental Hygien ar item 18 s	OR CONTRIBUTIN	FY MEDICAL EXAMINER)  CCURRED  216	b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	FEL A	YES NO LURRED (ENTER NATURE OF	OF INJURY IN ITEM 18 PAI	40	NO []
or atten After th Se as the colth and marked a	AT WORK	NOT WHILE AT WORK (A)	HOME, STREET, FACTORY OF		STREET	CII	OR TOWN	COUNTY	STATE
at OR ATTEN the haspital at DIRECTOR etached for up te Dept, of He fi. If them 21 is	sow the d	leceased afive an(we) (did) (did not) view (	8/20	19 82, and	that in (my) (our) apin	MEDICAL DIRECTOR D		ond from the co	ouses stated
HOSPI Sined b FUNE Sould be the Si PORTAN		N'S NAME (TYPE OR PRINT)  MCD OUGAL	0	1	2e ADDRESS	7 - 64ST L	3/2/ 5	201 LO ALTO.	
PP PR S	23a BURIAL, CREMA (SPECIFY)  Buria	The state of the s	DATE 3/24/82	23c. NAME OF CEN	NETERY OR CREMATO	CITY OR TO	4	COUNTY	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECT				250	AUG 2.4 19	TRAR 256. POSTR	AR'S SIGNATY	shell



MIDDLE

FOR

STATE

DECEASED NAME

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

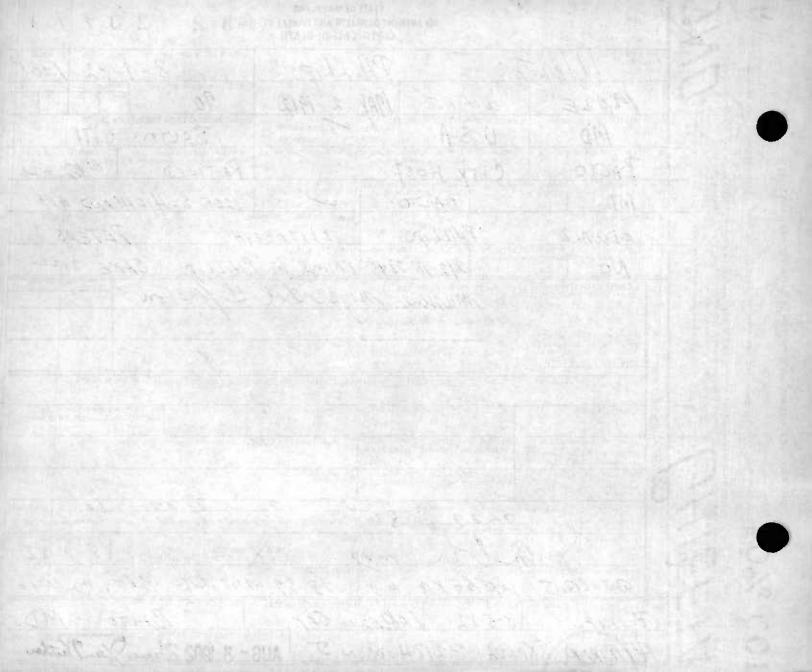
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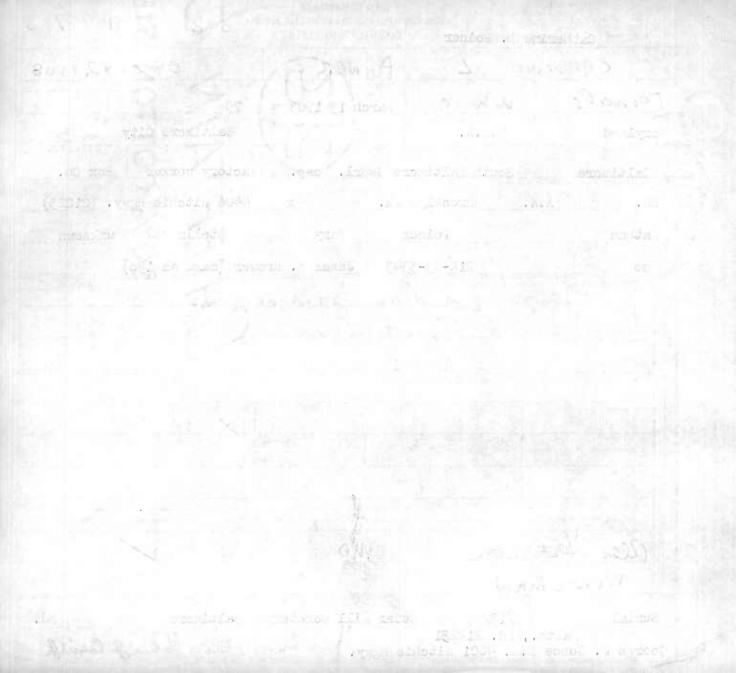
26 HOUR

YEAR

2a. DATE OF DEATH

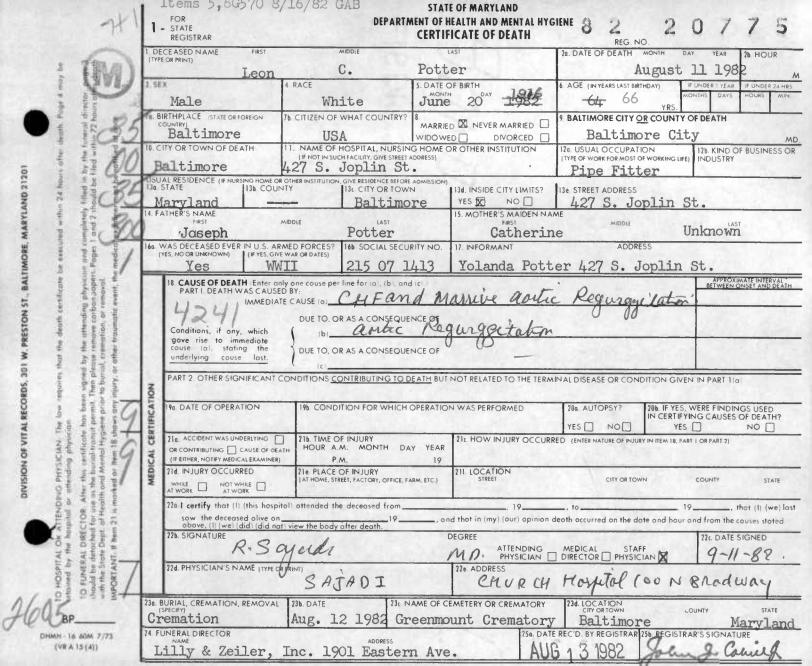


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26 628P		SPECIFY) BURIAL		MEADOWRIDGE CEN	CITY OR TOWN	1 4	STATE STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CEMTI	TUALL O	PEATH		REG. NO.				
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O	-	non George	е	MIDDLE	Prewer		ı	lary		WIDDIE	H <sub>1</sub>	Vin	cent	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFOR	MANT		ADDRESS				
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DHMH-16.50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR STATE

23d LOCATION
CHYOR TOWN
Baltimore, MAryland

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 AUG 3 0 1982

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- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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E. North Ave

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

(TYPE OR PRINT)

REGISTRAR

. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH- 16 50M T/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

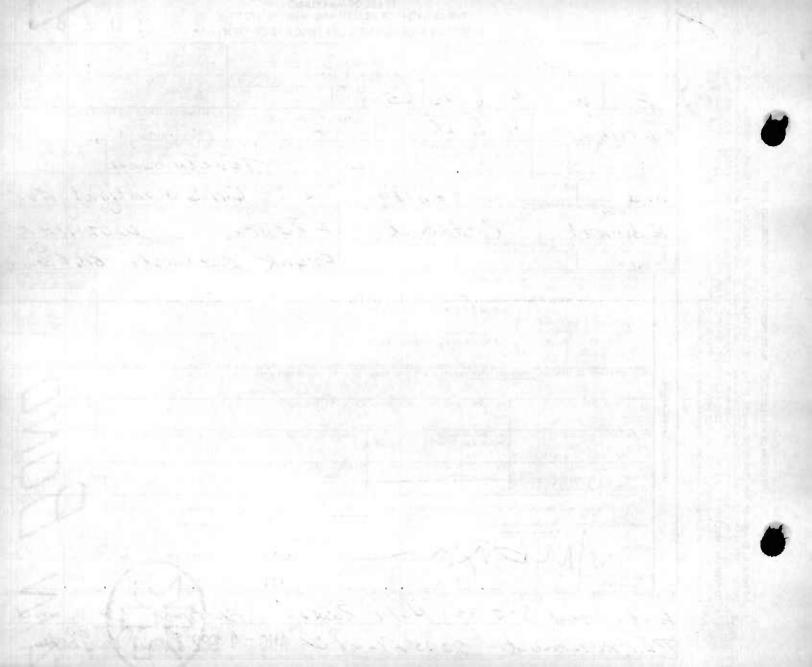
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IF LINDER 24 MRS

20. DATE OF DEATH

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		h				MARYLAND		
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	4.		REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE O	REO:	
			DECEASED NAME FIRST	WIOOFE		LAST	OF ESTI-	MONTH DAY YEAR 26. HOUR
	※ は 記事	-	Marie	9	F	Rachuba	DEATH MATED	8 1 1982 M
	50 TO E	1/10	SEX 4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF UI		4 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 20 HOUR
	\$200 m	12	FW	9 6 16	6.5 YRS.		DEAD	8 1 182 12:36
-	SA SE	84	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COU	NTRY?	RIED NEVER MARRIE	9. BALTIMORE CIT	Y OR COUNTY OF DEATH
	<b>高品店</b>	20	mAR(IANd	19. S. A.	WIDOV	WED A DIVORCE		re City. MD.
-	の世の中で	00	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		HER INSTITUTION	12a. USUAL OCCUPATION (	TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY
	DELAY TO THE PAGE PE FILL	10	Baltimore City		ntford Aver	nue	TAVERH O	
150	- La = 0 &	7 8	SUAL RESIDENCE (IF IN NURSING HOME BO, STATE 1136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION) Y OR TOWN		13e. STREET ADDRESS	
	AN A	allio,	md.	13	2/10.	YES NO		outford Ave.
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m = '	DEATH. GES 1. M PM AND 2 OF VITA	90	Edward	Rostko	sust!	FRAMI	MIDDLE	WOTNIEK
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	E EBERS	/	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES]		FRANK	Zost Kows	E1 15/6 & SPRING
		-	18 CAUSE OF DEATH (Enter or	nly one couse per line for (o). (	a), and (c),)	7	7	APPROXIMATE INTERVAL
	LE WE SE		PART I DEATH WAS CAUSE	D 8Y: TE CAUSE (0) Arteri		gardiovacou	lar disease	BETWEEN ONSET AND DEATH
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4	REAL STATES	E S	Conditions, if ony, which					
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	201 W. PRI UTED WITH IN PENCIL EXAMINER EXAMINER EXAMINER D MEL - TRAIN	2	lying couse lost.		NOEGOENCE OF			
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD. PENDIGNE'N PRENCIL IN ITEM 18, ROBE TO THE CHIEF MEDICAL EXAMINER ALONG W AS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MEDICAL HYGGIEN, D A DEMANDENCE OF THE STAND MEDICAL HYGGIEN, D A D A D A D A D A D A D A D A D A D A				ALLO TO THE LEARNING DISEA.	SE ON CONDITION DIVER IN 1 AND	1 102	
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	SION STIFIC TO TO T	N N	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH P.M.  21e. PLACE OF INJUR	19 Y (ATHOME 21f 1C	CATION		
	DIVISION STATEMENT OF STATEMENT	5		STREET, FACTORY, FARM,		STREET	CITY OR TOWN	COUNTY STATE
	E > A A A A	2 2	AT WORK AT WORK					
	MEDICAL EXAMINER: UTE THE CERTIFICATE, E 4 SHOULD BE FORV UNERAL DIRECTOR: F R DEATH WITH THE STANDARD AND AND AND AND AND AND AND AND AND AN	Ž.	22a. I certify that I took char-	ge of the remains described ab	ave, held on Autor	osy X, Inspection	, Inquiry ,	and in my opinion
غمة	MINION HELD	5	death resulted from: Natu	ral causes X. Acciden	, Suicide	, Homicide .	Undetermined manner	].
7	WE CERT	ž	A .	0		TITLE (SPECIFY)		
	A HOLL	2	SIGNATURE	MA	_	Assistant	MEDICAL EXAMINER	SIGNED 8/2/82
	DEA SI	Ž /	EXAMINER'S NAME	- /-0				
	TO MEDI EXECUTE PAGE 4 TO FUNI		(TYPE OR PRINT)	Ann M. Dixon	, M.D.	ADDRESS	Penn St.	Balto., MD.
	DXZDAS	2	30. BURIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETERY	~	23d. LOCATION CITY OR TOWN	COUNTY STATE
AIN	2BP		ENtombreat	8-5-82	140/4 K	OSARY .	BALTIMOR	611 -1-
010	DHMH - 17		14. FUNERAL DIRECTOR	AODRESS			C'D. BY REGISTRAR 25) RE	GIST ALT STOMES
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Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUF

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b DEGISTRAR'S SIGNATURE

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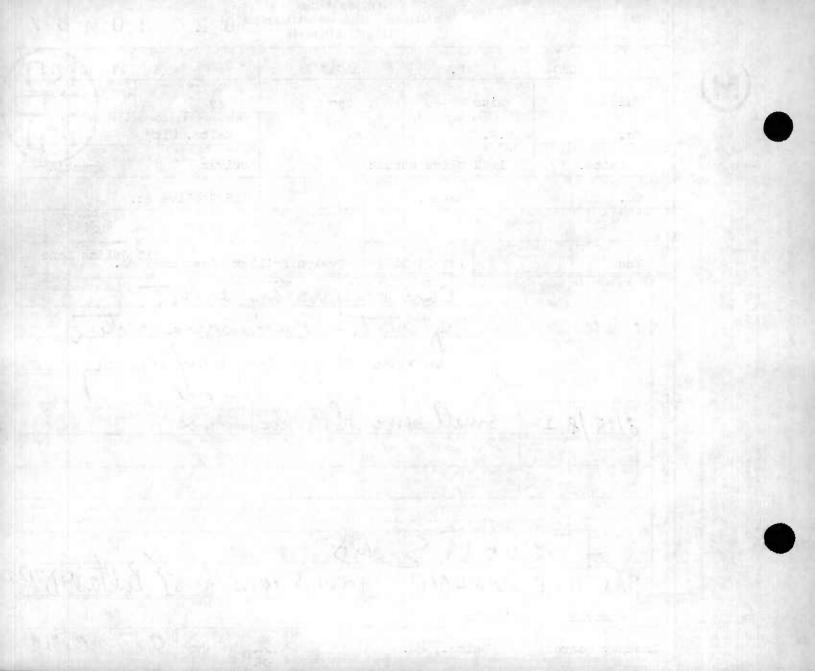
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24 FUNERAL DIRECTOR

Anatomy Board

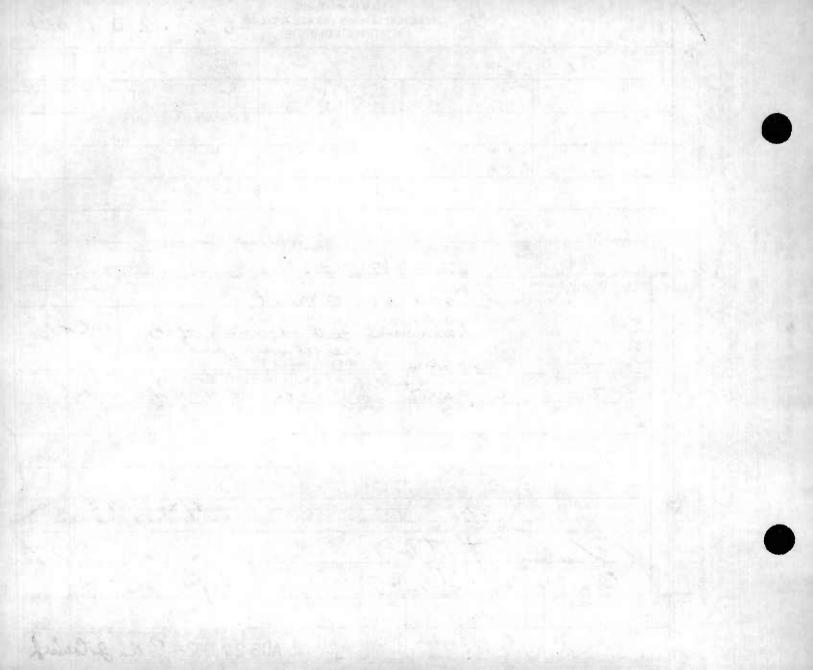
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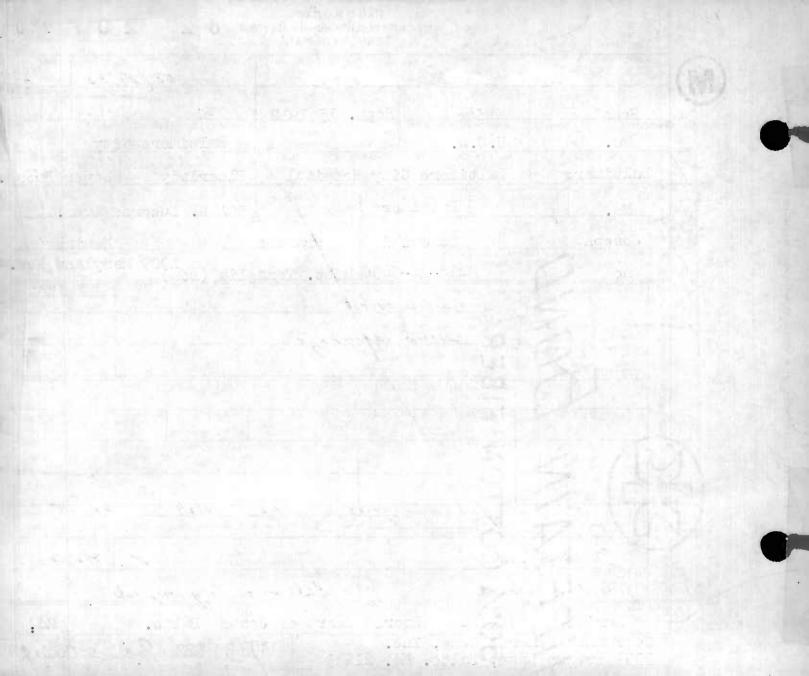
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~	L	FOR - STATE REGISTRAR			CERTII	IEALTH AND MENTAL HYG	REG.		0	788
(na)		CEASED NAME FIRST		MIDDLE			20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
(IAT)		JOH		RANKIN				12,1982		M
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		Male	White		Ju]	y 11,1903 <sup>6AR</sup>	79	YRS.		
2 bod 2 bod	70 B	RTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	_		
deor deor		Maryland	USA		WIDOW			re City		MD.
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mpletely and 2 sh	1	ATHER'S NAME FIRST Hugh F. Rankin	WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Frances	ME 6adden		LA	NST .
e execute	16a V	VAS DECEASED EVER IN U.S. A		218-05		Mary E. Rank	ADD	RESS	Ave.	21214
Iow requires that the death certificate be executed by the death certificate be executed by the attending physician and ermit. Then please remove carbon papers. Pages e prior to buriel, cremation, ar removal.	CERTIFICATION	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUSE OF DEATH WAS CAUSE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, (c)  DUE TO, (c)  DUE TO, (c)  CONDITIONS C	OR AS A CONSEQUE	ENCE OF	pulobly A	MINAL DISEASE OR CO	NDITION GIVES	N IN PART 10	NGS USED
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DIVISION OF VITA  SPITAL OR ATTENDING PHYSICIAN. Th 1 by the hospital or attending physicia VERAL DIRECTOR. After this certificate be detached for use as the burial-transit State Dept. of Health and Mental Hygie ANT: If them 21 is marked or them 18 m	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D INFEITHER NOTHER MEDICAL EXAMIN 218 INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F	YEAR 19	211. LOCATION STREET			COUNTY	STATE
		220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did in 22b SIGNATURE)	not) view the bod	8/1 10 4		ad that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN DEGREE	death accurred on the	date and hour o		
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1000		SPECIFY)					CITY OR TOWN		COUNTY	STATE
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24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

Balto. MD

4905 York Road

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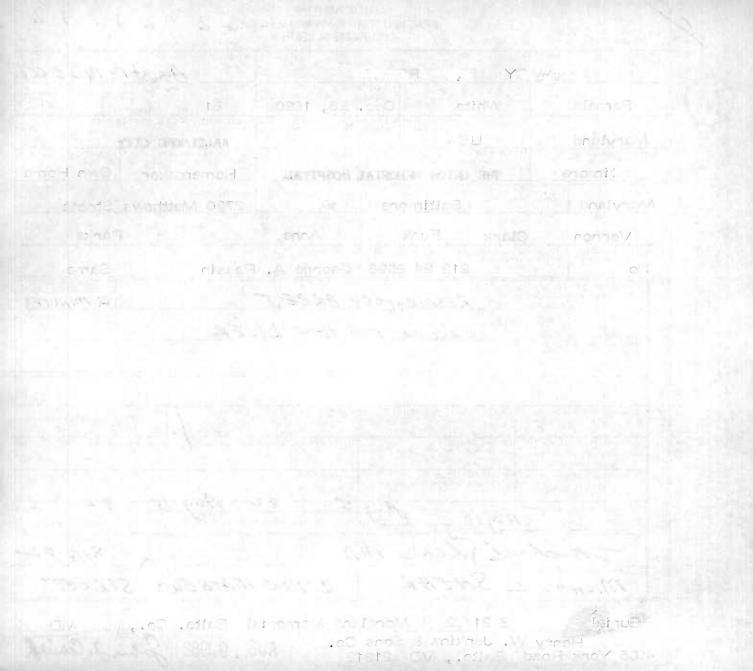
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

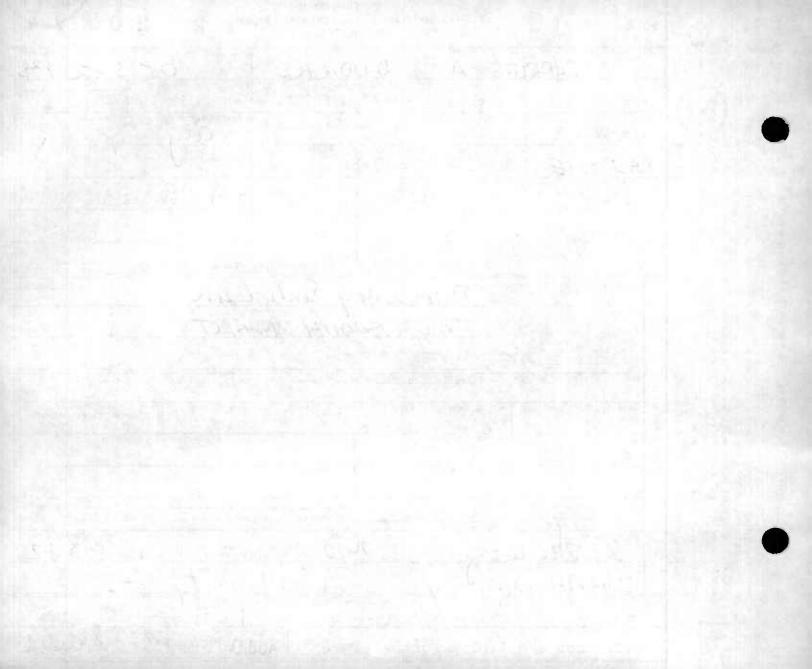
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN XX MONTH 75 HOUR CTYPE OR PRINT! ESTI-JAMES ALLEN REAVES DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED 6:31A 25 561 Male Black 11 DEAD 8-7-82 19 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY N.C. USA DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 2406 Monticello Road FOR MOST OF WORKING LIFET Baltimore ISUAL NO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 2406 Monticello Rd. 135 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Thomas Hardy Musettie Reaves 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 246-20-1435 Catherine Reaves 2406 Monticello Ro 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In WRITING IT THE CHIEF INTEGRAL A ARDED TO THE CHIEF INTEGRAL A AGE 3 SHOULD BE USED AS A AGE TO BURIAL OF HEALTH INTEGRAL TO BURIAL CREA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STV BAFT(MORE, MARYLAND, 2) 228. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian ccident Homicide \_\_\_ Undetermined monner 8-10-82 ACTUAL Assistant MEDICAL EXAMINER DATE SIGNATURE EXAMINER'S NAME 111 Penn STreet (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 235 DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY STATE 8/12/82 Crownsville Md. Veteran Cem. MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** Wm. NAMEC. March F/H 1101 E. North Ave. (VR A15 ME (5))

20M 4/B2

3	1-	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 7 9 4								
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	3,58	Male	4 RACE Black	K	5 DATE C	F BIRTH  LOO 2'EAR  LOO 2'EAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS			
	C.	RTHPLACE (STATE OR FOREIGN DUNIRY) aryland		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORĘ CITY O	R COUNTY OF DEAT	TH MD.			
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MARYL ed with	14 F.	THERS NAME FIRST Charles	WIDDLE	Reddic	ks	IS MOTHER'S MAIDEN NA FIRST  Edith	ME MIDDLE	C	coles			
TIMORE by resection	(	VAS DECEASED EVER IN U.S. es, no or unknown) (if yes, Yes	ARMED FORCES? GIVE WAR OR DATES)	215-14-		17 INFORMANT Alonzo Cha	ADDRE Irles Redd	SS				
5, 201 W. PRESTON ST., B.J. games that the death certification games by the attending physical planning control page burief, cremation, or remove out.	Z	Canditions, if any, which gove rise to immediate couse 10, stating the underlying cause last	DIATE CAUSE (a)  DUE TO, (    b)  DUE TO, (    c _	DR AS A CONSEQUE DR AS A CONSEQUE	NCE OF	Y EMBO POID (NO	LISM CAACT		PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
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OF VIII.	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D. P.M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART T OR PAR	τ 2)			
IVISION G PHYS arter this c his the bur head Me	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	'N COUNTY	STATE			
TTENDR price of CTOR, At for user at health	19	22a.1 certify that (1 (this house) the december of the	an XI	3 10	82.00	d that in (my) (our) ppinion	deoth occurred on the do	te and hour and from	that (1) (we) last the couses stoted			
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5/2 BP	23o. E	URIAL, CREMATION, REMOVE BURTAL	23b. DATE 8/9/			Nat. Cem	23d LOCATION CITY OF TOWN Baltimo		Md.			
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR			h Z		E REC'D. BY REGISTRAR	256 PEGISTRAR'S SIG	Cancel			



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of ulty Funeral Home, 237 E. Patapsco Ave. Balto.

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STATE OF MARYLAND

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT Samuel 982 Sabu 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IE LINDER 24 MRS YEAR Dec.8. Vhite a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Baltimore i WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Marshall St. Balto. Md. None SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13. STREET ADDRESS hall St. Balto. Md. 13d. INSIDE CITY LIMITS? aruland YESXXX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wheat amue leborar 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO PR UNKNOWN) (IF YES, GIVE WAR OR DATES) None Deborah Wheat. Same as above APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSE IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from\_ sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter de 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRES 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) emeteru

250. DATE REC'D. BY REGISTRAR 256 AT

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24. FUNERAL DIRECTOR

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Balto., MD 21212

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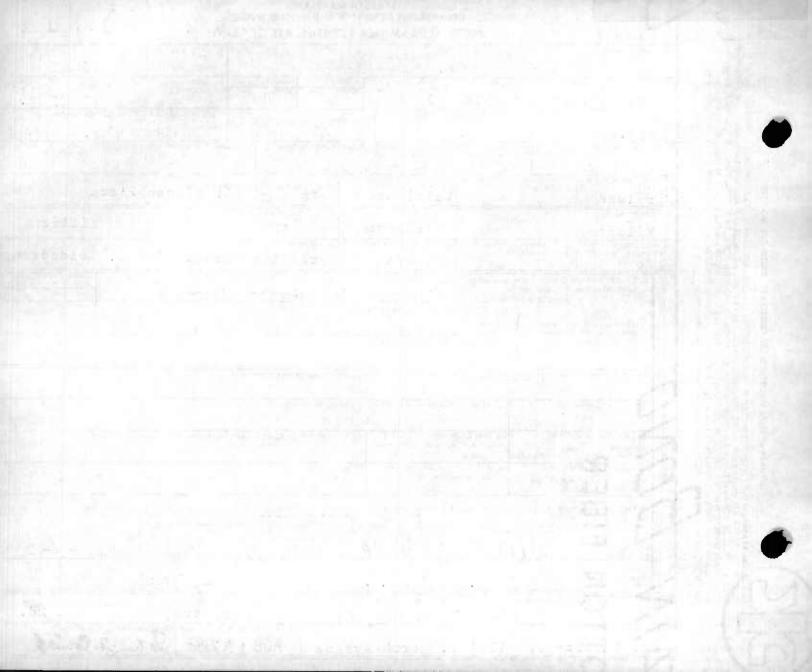
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dela la completa del constante Enliner of the Ford Fushingoles Annie Cetterine Chambana 270 UB 8877 MMT. CORNON FLOWING, UNITED MILLED W Way Donald constant of the state of the st lik Herry V. Jankins & Bons La. Alle Come & Ball Alle Come &

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME KNOWN X 7h HOUR (TYPE OR PRINTI OF ESTI-DEATH MATED 16 1982 D. Richards James SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR 9:45 YEAR LAST BIRTHDAY) PRONOUNCED 24 32 50 YRS DEAD 2 a. M Black 1982 Male 16 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH RIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City, WIDOWEDXX Maryland DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE 440 Pitman Place Baltimore SUAL RESIDENCE LIFTIN HURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 130 ATREE ADDRESS man Place Baltimore Maryland NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Williams MIDDLE Richards Mary William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I HEYES, GIVE WAR OR DATES! Geraldine Carter 1326 E. Coldspring N/A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, VATION, OR REMOVAL. IMMEDIATE CAUSE (a) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **USED AS** 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD:
WAGE 4 SHOULD BE FORWARDED TO THE CHIE
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USI
AFTER DEATH, WITH THE STATE DEPARTMENT OF
BALTJMORE, MARYLAND, 21201 PRIOR TO BURIA YES X NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY SATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection X 22a I certify that I took charge of the remains described above, held on Autapsy and in my opinion Homicide death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-16-82 Assistant SIGNATURE III Penn Street Margarita A. Korell. M.D. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY Md. BURIAL 8/21/82 Arbutus Arbutus Cem 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** C March F/H 1101 E. North Avenue (VR A15 ME (5)) 20M 4/82



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT! Barbara 1-Richardson 08/01/82 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore John Hopkins Hospital HSWE UAL RESIDENCE (IF NURSING H OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS In STATE ESSEX 627 RIVERWOOD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIE YES GIVE WAR OR DATEST PICHARDSON 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOIL YES [ NO Нуві 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from \_\_\_\_\_\_\_ sow the deceased alive on 1144pm ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Id b SUNDAL 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DATE REC'D. DHMH - 16 50M 1/81 J.G. COMNELLY (VRA 15.4)

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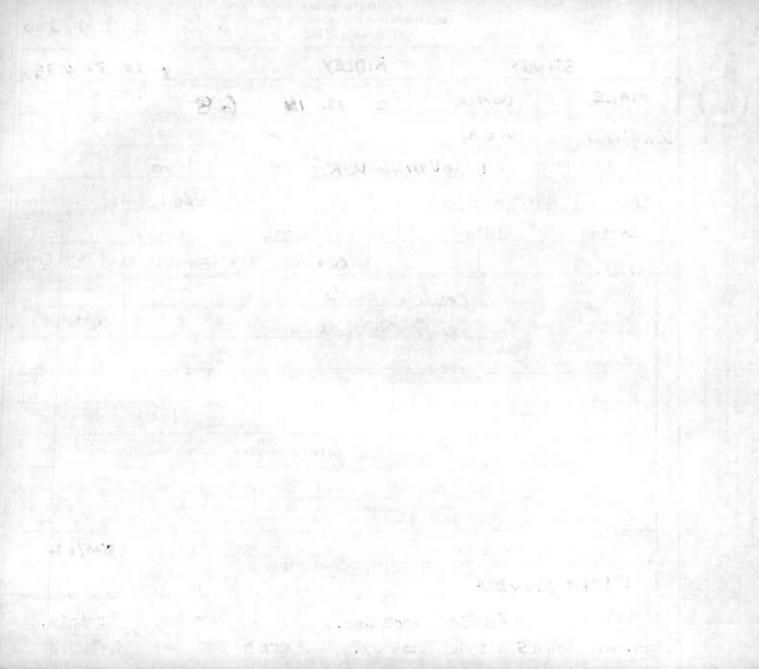
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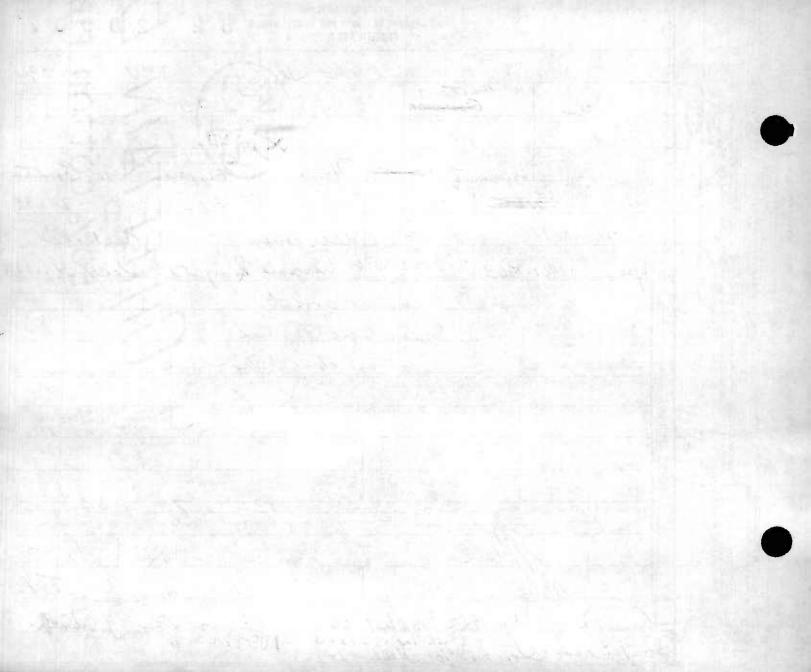
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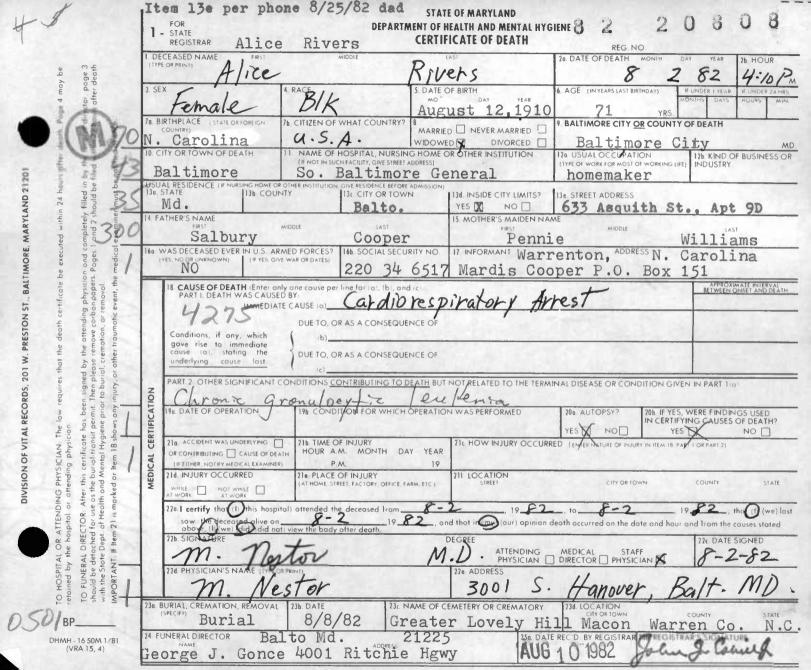
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINT STA NLEY RIDLEY 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MALE BLACK 9 BALTIMORE LITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CIT1/ 2/230 IRGINIC UrSA DIVORCED T WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

3.0.1 SON TAN UDNO ROPE 13 A LTIME 10 CITY OF TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) MOR DRE MD-21220 136 CQUNTY 13e. STREET ADDRESS BALTIMORE 30 3 SGAGULL AVE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Louise 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) NORA HILL, 303 SEAGULL AVE APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 40 min. es Disatory Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)
2 baticus corphed and than austral. 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR LAM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19€ 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM NOT WHILE SOUTH. Baltimoro Grea hospilio MD-21230 3001, Silb. 4 hosti al 22a.1 certify that (1) (this haspital) attended the deceased from 125 C124 saw the deceosed alive an abave, (I) (we) (did) (did not) view the bady after deot .19\_8 2\_, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED Mund sh-8/25/82 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME THE OR PRINT 220 ADDRESS 5 13 . C. h STREET BOOL S. MANOVER BALTIMOR MD 2123 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Emporia Cook Cem irginia. 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 Rice FSPA 1300 Eutaw Pl. (VRA 15. 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME LAST 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OF PRINTS Tichae 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAD 2 BIRTHRIAC ATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MA DIVORCED V WIDOWED M CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY GIVE STREET ADOPESSA RK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESID VE SIDENCE BEFORE ADMISSION) 13a. STATE 13b. COWNTY 130 CITY OR TOWN IN INSIDE CITY LIMITS? 13e. STREET\_ADDRES NO. 14. FATHER'S NAME HER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANI ADDRESS IYES NO OF UNKNOWN (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES. WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ö (IF EITHER NOTIFY MEDICAL EXAMINER) 19 ž 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 60 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated detached 22h SIGNATURE DEGREE THE DATE SKIN ATTENDING TO FUNERAL C should be detoi with the State C IMPORTANT: If MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 374 PHYSICIAN'S NAME THE OF 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY 234 LOCATION DHMH - 16 50M 1/B1 (VRA 15, 4)





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FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES |

250 DATE REC'D. BY REGISTRAR 25

COUNTY

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22c DATE SIGNED

MARYLAND, 21231

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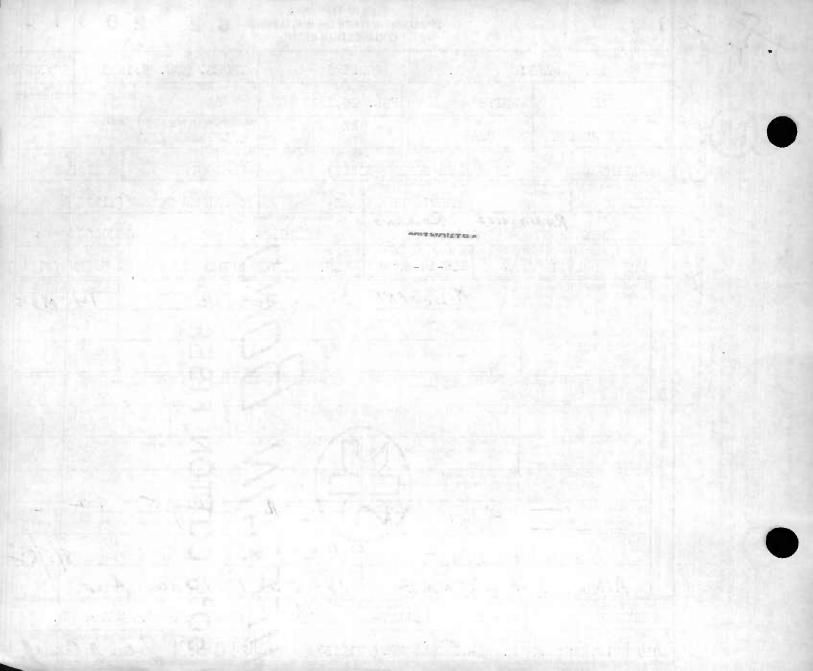
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REGISTRAR



FOR - STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CEP 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY and that in (my) four) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 24 FUNERAL DIRECTOR 250- HILLIAN S-SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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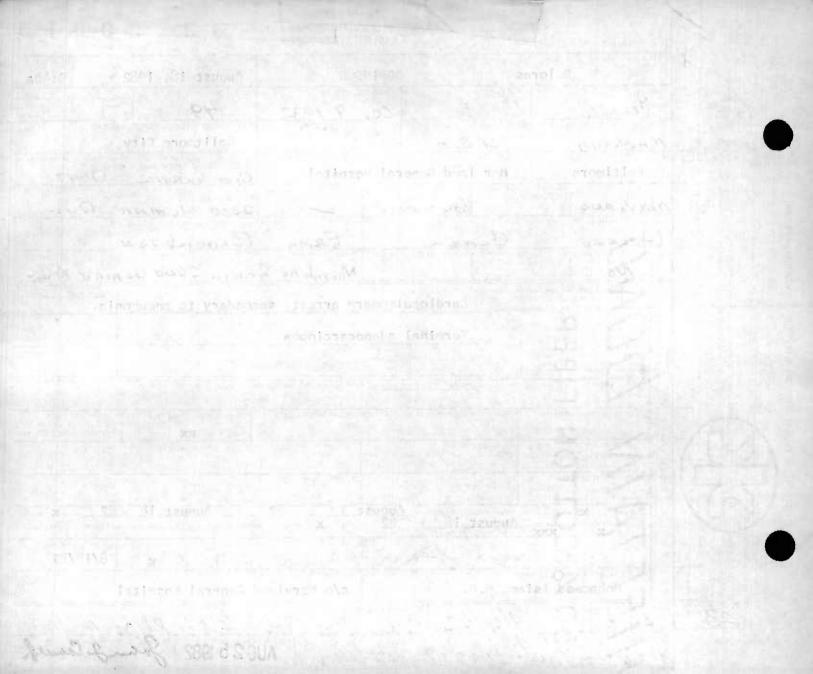
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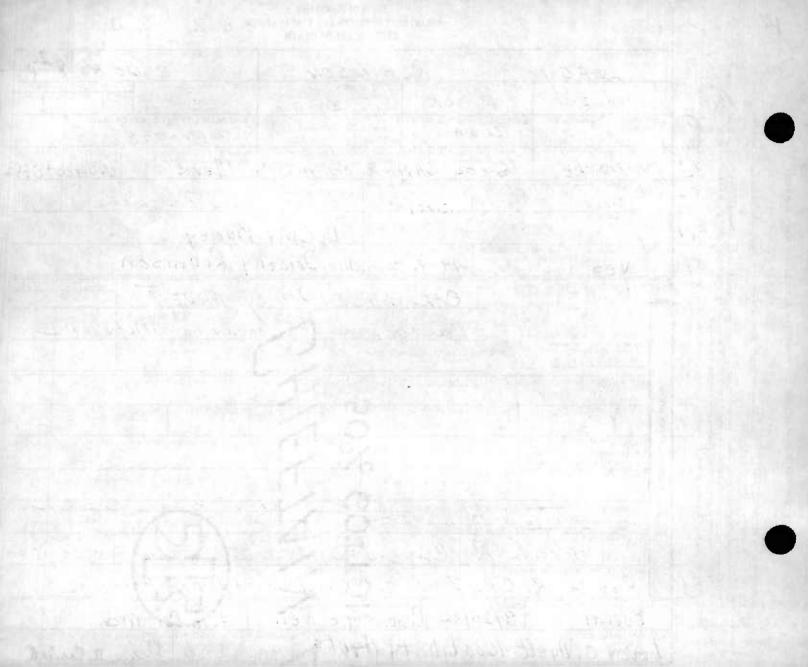
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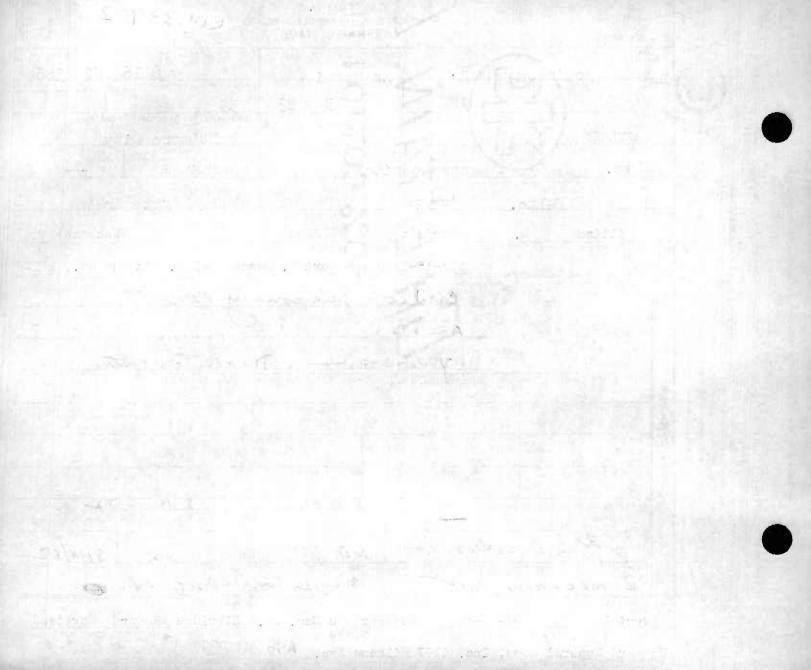
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183		ARIGAUA	4.5.A WIDOW		Balitmor	e City			
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATI		MD OF BUSINESS OR		
8	Baltimore (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Hospital			Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  GOOT GOOGLESTE GOOT				
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	( )	(IF TES, GIVE	E WAR OR DATES)	MRS JUNU &	MITH JE	20 10	· M		
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	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
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71:	4	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)							
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1 3	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNTY	STATE		
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		Mohammad As	osnital						
-				c/o Marylan	u delleral n	ospital			
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24	J-FL	INERAL DIRECTOR D	1	25a DATE	REC'D. BY REGISTRAR	THE PRINTERS SIGN	HAURE O A		
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STATE OF MARYLAND



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d moy be		CEASED NAME FIRST EOR PRINT) LEROY	ROBIN SON SON SON B 20 82 PM  RACE S. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS MONTHS MIN.
death. Page		COUNTRY)	BLACK 4 20 26 5C YRS.  b. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BALTIMORE  MAD.
hours after the last the last will be filled will b	J.	BALTIMORE	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IT YE OF WORK FOR MOST OF WORKING LIFE) (IT YE OF WORK FOR ADDRESS) (IT YE OF TOWN) (IT IS A CITY OR
MARYLANE ed within 24 mpletely like and 2 should	14. F/	ATHER'S NAME FIRST MI	15. MOTHER'S MAIDEN NAME DOYSTAY Bailey  LAST  LAST  VES NO D 3202 PHELPS Lane  LAST  LAST  LAST
UTIMORE, be execut ion and co		Ves	NAME OF DATES)  16. SOCIAL SECURITY NO. 17. INFORMANT ROBINSON  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSE! AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician ond completely filled in the set filtrate certificate has been signed by the attending physician and completely filled in the ost the buriol-transit permit. Then please remove corbon papers: Pages 1 and 2 should be the not maken the proof of	NOI	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO	
N: The low re ysicion. cote has been onsit permit. Hygiene prior	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 20b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR ATTEND he hospirol or DIRECTOR: A cocked for use to Dept. of Heal Hem 21 is m	MEDICAL C	OR CONTIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22e.1 certify that (1) (this hospital sow the deceased alive on obove, (1) (wel) (did) (did not)  22b. SIGNATURE	H HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE  SIDE OF THE COUNTY  STATE  DEGREE  ATTENDING MEDICAL STAFF  THE DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be dere with the Store	230.	22d. PHYSICIAN'S NAME TYPE OR I	CRUZ M-D. GOOD SAMARITARY HOS.PITAL  1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	1 4600 Libresty Hants 250. DATE REC'D. BY REGISTRAR'S SIGNATURE





72	item 7a, b, 8, 16a, 2		<sup>2</sup> P <sup>h</sup> STATE OF MARYLAND TIMENT OF HEALTH AND MENTAL HYO	GIENE 8 2 2	0816
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
~42°2 %1/	1. DECEASED NAME FIRST (TYPE OR PRINT) THOMAS	WIDDLE	ROCHE	AUGUST 4. 198	32 7:38p.
TIM)	3. SEX	4. RACE	S. DATE OF BIRTH  DAY  VEAR  OCC. 160  OS		IF UNDER 1 YEAR IF UNDER 24 HRS
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TAL RECO	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPSY 206. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SION OF VITA PHYSICIAN: The rending physicion this certificate to buriol-transit and Mental-transit dor Item 18 shell	OR CONTRIBUTING CAUSE OF DI		DAY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICI	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND of Peol of Heol	saw the deceased olive o obove, (I) (we) (did) (did n	n 19. attended the deceased from 19. at) view the body after death.	44-01	death occurred on the date and haur	ond from the couses stated
0 0 0 0 0	226. SIGNATURE OF	Janus ?	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 4 82
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT: If	22d. PHYSICH 'S NAME (TYPE	deprint)	0 220 ADDRESS 600 N. 4	she & Bal	+ MD 21205
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME TOWNES B. E. H.	ADDRESM		E REC'D. BY REGISTRAR WARE STO	Je Carried

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

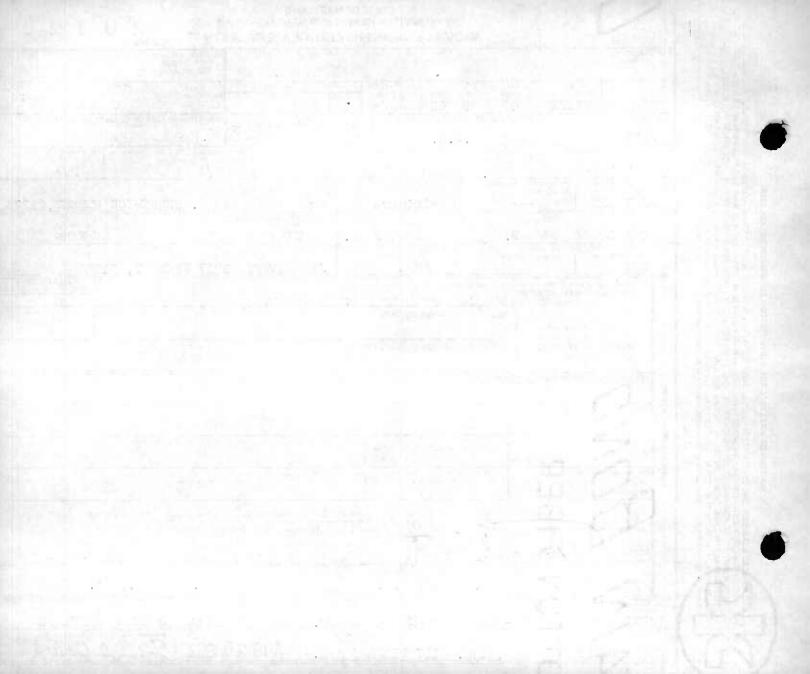
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME a DATE KNOWN MONTH (TYPE OR PRINT) ESTI-ROGERS. DONAL D F. JR. 8 25 82 DEATH MATED 10 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 19 82 MALE 82 WHITE 07 08 DEAD 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED | DIVORCED Baltimore\_City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore N/A Agnes Hospital N/A OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS 13n STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND 445 S. BRUNSWICK STREET. 21223 Baltimore YES T NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE FIRST LAST DONALD F. ROGERS SR. TINA KING 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS DIVISION N/A NONE JIM BEATTY 3017 FREEWAY, 21227 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVA 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 211. LOCATION , EXECUTE THE CERTIFICATE, WALLINGS BADGED BE FORWADDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical ExaminER 8-25-82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 08-27-82 MEADOWRIDGE MEM. PARK ELKRIDGE MARYLAND HOWARD 24 FUNERAL DIRECTOR 250: DATE REC'D. BY REGISTRAR 21229 **DHMH - 17** 6 (VR A15 ME (5)) 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC. 20M 4/82

STATE OF MARYLAND



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Lerry Mick Russell C. Witzke Funeral Home P.A. 250 DATE REC'D. BY REGISTRAN 1630 Edmondson Ave., Catonsville, MD.

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

1982

IF UNDER I YEAR

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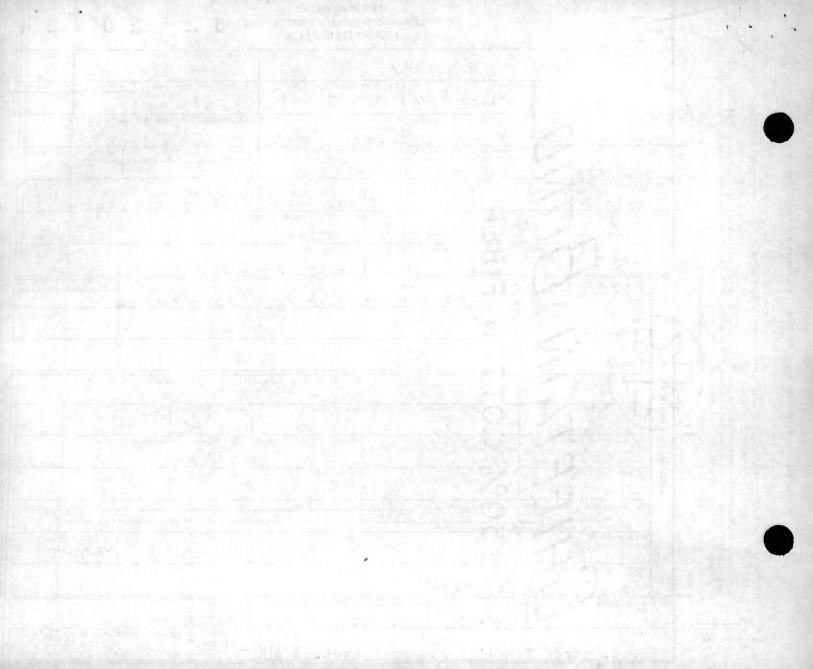
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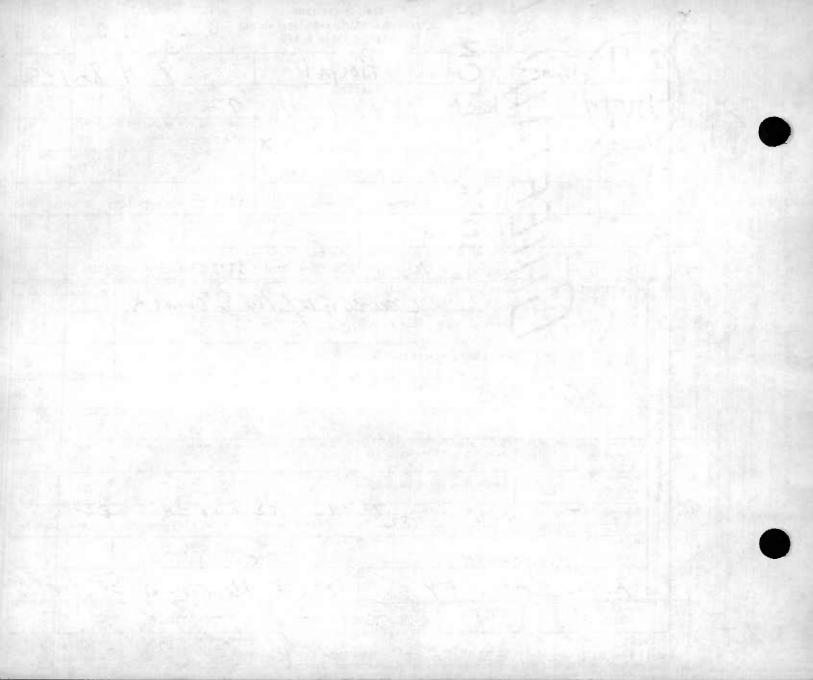
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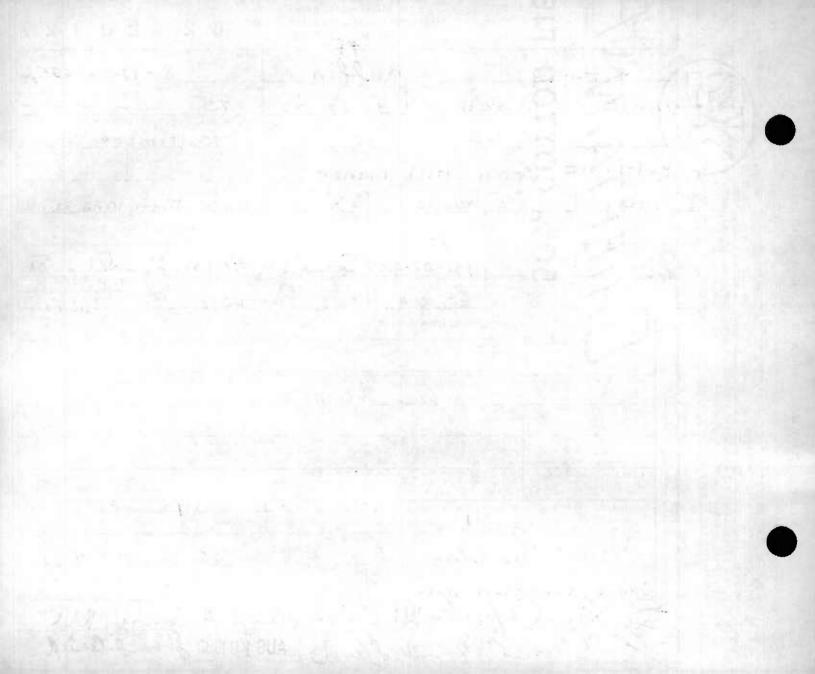
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5	o o t	16	В	altimore		ran Host		(TYPE OF	WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
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be exection and c	160, WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (16 YES.	GIVE WAR OR DATES	MRS. CAROLYN SCHERR CARBROOK RD. RANDALLS	TOWN, MD 21133
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/ BP	230 BURIAL CREMATION, REMOVA	AL 23b DATE AUG. 27, 1982 ANSHE KURLAND K	MATORY TOTAL LOCATION	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR SOI 6010 REISTERS	LEVINSON & BROS., INC. STOWN RD. BALTO., MD 21215	SFP 1 1982	RAR'S SIGNATURE

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DHMH-16 50M 1/B1 (VRA 15, 4)	1	UNERAL DIRECTOR Lorin 728 Liberty Rd.	g Byers Fun , Randallst	eral Dir	ectors, Inc 21133	C 250. DATE	3201982 A	and grace	welf

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Howard 20 DATE OF DEATH MONTH Rulev (TYPE OR PRINT) HowArd 3 SEX IF UNDER TYEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Baltimore City WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR not in such eacility, give street address) Steel Co. Baltimore Metallurgist AL RESIDENCE (IF NURSING HO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Essex 955 Martin Road 21221 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Rowena Hardie LAST Charles Ruley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT Pages 10 Parham Balto.Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 18 0900 No Agnes R. Cheatham APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ulmounn ic Carcinoid Causer Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATION prior pny THE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED The AUTOPSY'S 266. IF YES, WERE FINDINGS USED rial-transit perr IN CERTIFYING CAUSES OF DEATH? NO YES: [ NO [ 21st ACCIDENT WAS UNDERLYING. [ 216 TIME OF INJURY THE HOW INJURY OCCURRED | DINTER NATURE OF INJURY PRINTING IS PART & OR PART 25 00 HOUR AM, MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF BEATH latre OF EITHER, NOTHER MEDICAL EXAMINER. 10 2 21d INJURY OCCURRED 71e PLACE OF INJURY ZIF LOCATION à os the b CITY OR TOWN AT HOME STREET ENCYONS OFFICE FARM, ETC. I COUNTY STATE morked NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an\_ and for in (my) (aur) apinian deoth accurred an the date and haur and from the causes stated ā above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE \* MEDICAL STAFF ATTENDING FUNERAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ld b MPORT, Show with 73b DATE 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Gardens of Faith Cem. Burial Baltimore Co. DHMH - 16 50M 1/B1 (VRA 15, 4) 1407 Old Eastern Ave. Funeral Home PA

Comeo. 31. The state of the state of the . S. Levist . Sales Corn. x and the second section of se de la la la la company de l American Perhanson . [ Homa - Telephone Common of Com-The first training the state of the state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 7h HOUR KNOWNXX (TYPE OR PRINT) ESTI-8-7-82 DEATH MATED DATE OF BIRTH TE UNDER 24 HRS 2c. DATE PRONOUNCED 6": 50P 8-7-82 DAY YEAR LAST BIRTHDAY DEAD male 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Virginia USA DIVORCED WIDOWED Baltimore City B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Factory worker Baltimore 24th Street Hedwin. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY Baltimore 18 E. 24th Street NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Mac McKennsv Rumslev 16. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 220 12 6947 Kathleen Rumsley 2445 Maryland Ave 21 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON S mmediate cause Gongestive heart failure Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BAJLJIMORE, MARYLAND, 21201 PRIDR TO BURIAL, YES X X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 8-8-82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. 111 Penn Street (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Maryland Veterans Com LETOWN BY THE PEGISTRAR 256 REGISTRAR 24 FUNERAL DIRECTOR Burgee Funeral Home 43631Falls Read 21211 **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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3631 Falls Rd. 21211

FOR

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(VRA 15, 4)

Burgee Funeral Home

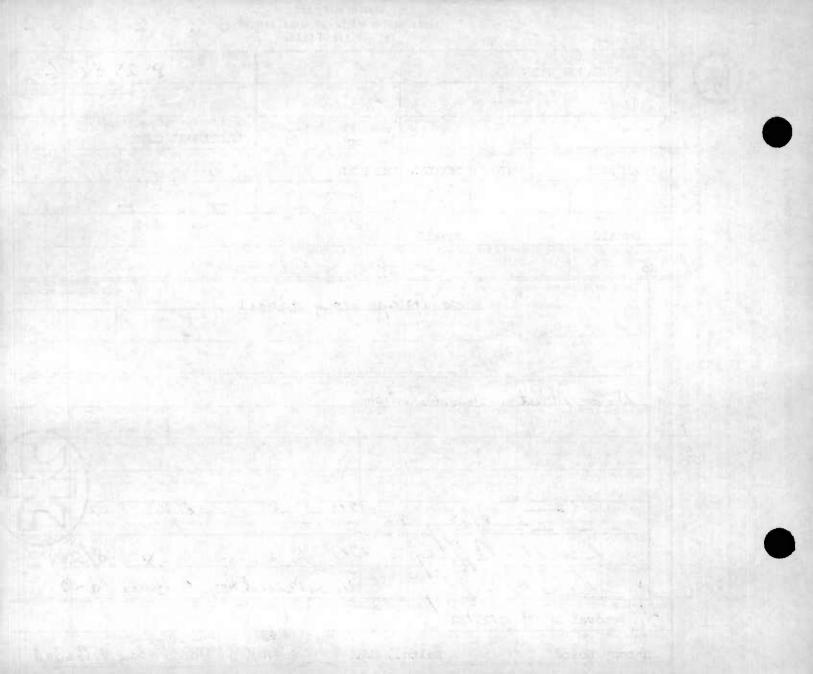
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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s 4 moy	3. SE	× FEMALE	4 RACE WHITE	5 DATE OF	BIRTH  DAY  18	EAR	6. AGE (IN YEARS LAST BIR	AOM		IF UNDER 24 HRS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIE		BALTIMORE CITY O	R COUNTY OF	FDEATH	MD
by the fur filed within		ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / UNION MEMORIAL	G HOME O	OTHER INSTITUTION	ON	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOME MAK)	F WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
24 hour falled in multiple	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN ARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN BALTIMO	N	136 INSIDECITY LIM YES A NO [		13e. STREET ADDRESS	CHARLES	STREE	ıф
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be execut			MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 154-05-5	1 100	17 INFORMANT MEDICA	L REC	ADDRE CORD	SS	1	
quires that the death certifical signed by the attending phy. Then please remove carbonpo to buriol, cremotion, or removiny, or other traumatic event	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DBY: E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF		HE TERMIN	NAL DISEASE OR CONF	DITION GIVEN		ATE INTERVAL VSET AND DEATH
The low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION			20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING	SS USED OF DEATH?
HYSICIAN: The dring physicions is certificate I buriol-transit Mental Hygie or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		Y YEAR	21c HOW INJURY O	OCCURRE 	D (ENTER NATURE OF INJUR			
OR ATTENDING PI e hospital or otter DIRECTOR. After it iched for use as the Dept. of Health and I them 21 is marked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, F) (al) ottended the deceosed from	F2, one	I that in (my) (corr) of EGREE	DING _	, to	25 , 19. Ite and haur ar		
O HOSPITAL etoined by th TO FUNERAL should be defo with the Stote MAPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF	19 Affly		220 ADDRESS Union Me	omorce		-	120	0
(BP		Removal Removal	236. DATE 236. N	IAME OF CE	METERY OR CREMA		23d LOCATION CITY OR TOWN		OUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		natomy Board	ADDRESS Balto	., Md			JG 3 1 1982	256 REGISTRA	R'S SIGNATU	re hill



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15.4)

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated 22c. DATE SIGNED Aug. 19,1982 Woodlawn Cemetery Easton Talbot Co. Md. 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS Rt#1 Box #66-B Helfenbein-Hubbard Funeral Home P.A. Chester Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST FIRST MUDDLE 2a DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Sacilotto Veronica Jean 29 82 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) JE LINDER TYEAR MONTH YEAR Female White 14 1913 69 TO BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Baltimore City New York U.S.A. WIDOWED DIVORCED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR IENOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Baltimore City Hospitals Housewife. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13m STATE H36 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET ADDRESS Maryland Baltimore Dundalk 2407 West Branch Road YES NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Roserio Cicero [Not Known] ADDRES 7401 Belclare Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT No 219-30-5702 Harry B. Litchison Balto. MD 21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY 611712 IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ON 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 2 10. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the degeased fram sow the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (and the bady after death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 1 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAM 22e ADDRESS

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DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

7922 Wise Avenue, Dundalk, MD

23b. DATE

Oak Lawn Cemetery

23c NAME OF CEMETERY OR CREMATORY

21222

CITY OR TOWN

Baltimore, Maryland 25a. DATE REC\*D. BY REGISTRAR THE HEG ISTRAN'S SIGNATUR

24 United by Charles and Commercial States The State of the Control of the State of the

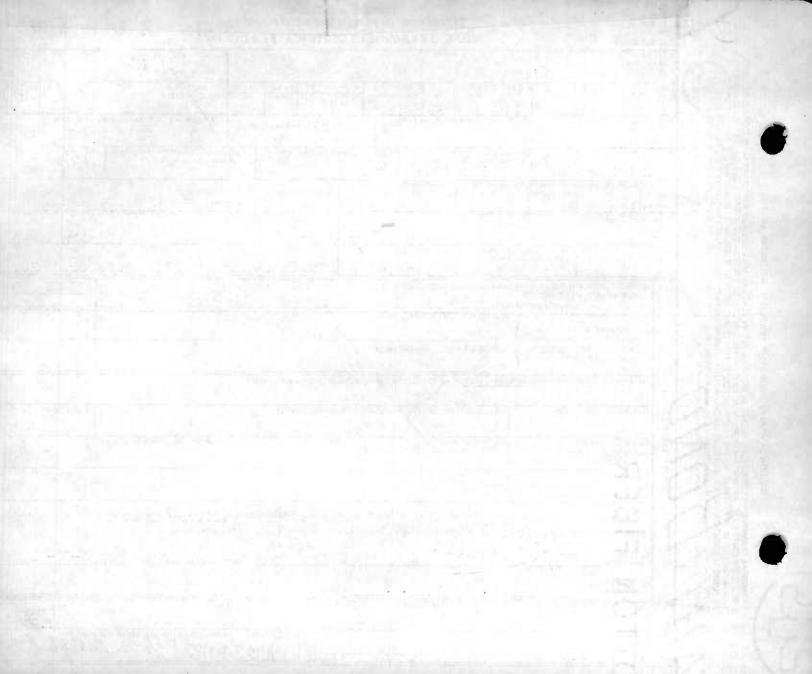
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME EIRST 20. DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINT ROBERT SANDERLIN 1982 August 9 4 RACE IF LINDER LYEAR 3. SEX 5 DATE OF BIRTH 42010 STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR LIE NOT IN SLICH FACILITY GIVE STREET ADDRESS! INDUSTRY BALTTMORE JOHNS HOPKINS HOSPTTAT 1136 COUNTY 13d INSIDECITY LIMITS? TIMORE NO [ 4 FATHER 15. MOTHER'S MAIDEN NAME SNAME (IF YES GIVE WAR OR DATES) SIGAN DO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY ARBUMATION -DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, EACTORY, OFFICE EARM ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an \_\_\_\_, and that in (my) (aur) opinian death occurred on the date and haur and from the causes stated obove, (I) (we) (didi; (did not) new the body after death, 22b. SIGNATUM DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b S. STUART 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE DHMH - 16 50M 1/81 (VRA 15, 4)

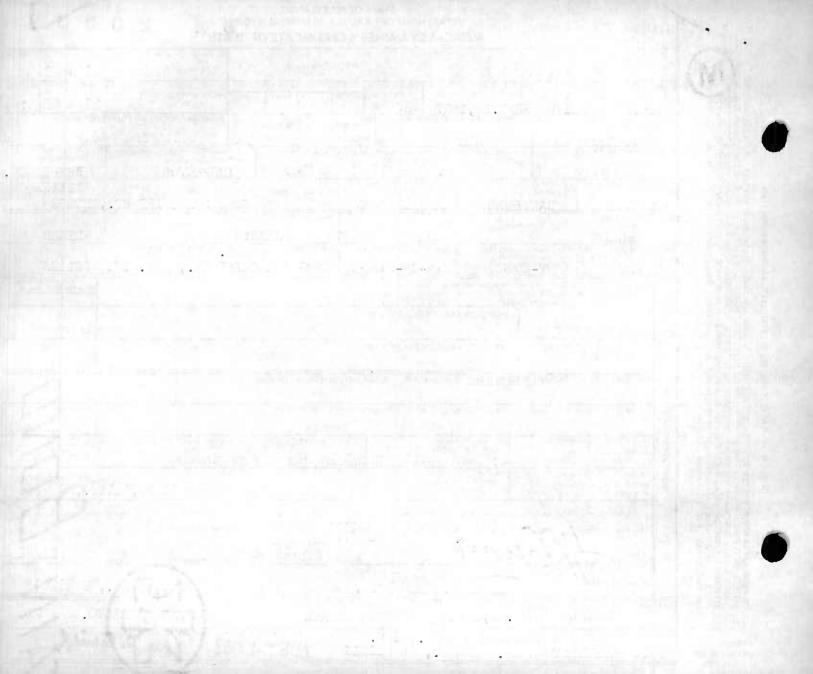
D. M. - Shine Taring Water and The Taring DAVID THE YOUR MARKEY THIS DAVE ! The state of the s THE CONTRACTOR OF THE PARTY. End of the continues what the King was the way William J. Frey 162 Hote when the 12 de Son & Carles

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) 46 50 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR Dec. 7, 1927 YEAR HOURS 54 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City, Florida WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR S. Patterson Park Ave TYPE OF WORK FOR MOST OF WORKING LIFE Radio Baltimore, Repairman UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b-COUNTY 13e STREET ADDRESS 130 CITY OR TOWN 13d. INSIDE CUT LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Walter Sanders LASI Roslea Williams ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF DATES) 278-22-3602 Charlotte Sprouse 330 S. Patterson P APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to , (b), and ic PART I. DEATH WAS CAUSED BY: ORESPIRATORY APRES Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 218 PLACE OF INTURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WEIRK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram 1982 saw the deceased alive an \_AUG, 30 \_, and that in (my) (aur) opinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 130/82 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN 24 FUNERAL DIRECTOR Funeral Homes, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA DHMH - 16 60M 7/73 ADDRESS 7110 Belair Road (VR A 15 (4)) Baltimore, Md

7 6	FOR 1- STATE	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGIENE	2 2 0 3 3 8
0	REGISTRAR		R'S CERTIFICATE OF DEATH	
10	1. DECEASED NAME FIRST	WIDDIE	_	ATE KNOWN X MONTH DAY YEAR 25 HOUR
<b>英名的美世間</b>	0de		Juli Col 3	ATH MATED 8 29 1982 M
50 M	3. SEX 4. RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY		DATE MONTH DAY YEAR 2d HOUR II. 9
SSARY. SALDINA R YOU ESTON	Male Black	11 9 39 42 YRS		NOUNCED 8 29 1982   11:19
NECESSAR UNERAL DI WITHIN OF PRESTOR	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED . 9. BA	ALTIMORE CITY OR COUNTY OF DEATH
	Maryland	USA		Baltimore City, Mo.
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1516 Rutland Avenu	FOR MOST C	PCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
ANY DE MANDE TE MANDE	USUAL RESIDENCE (IF IN NURSING HOME 130, STATE 1136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d INSIDECITY LIMITS? 13e STREET A	DDRESS
N CKMED	Maryland	Baltimor		
E.MD.	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
E 2023000	Odell		Sr. Susie	Brown
MO PARE	160. WAS DECEASED EVER IN U.S. AR			ADDRESS
BALTIMOR S AFTER DE GIVE PAGE PAGES IN IVISION OF	No	212-34-56	25   Susie B. Masse	ey 1729 E.Federal St.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES A SHOULD BE FORWARMINER ALONG WITH FORM PAGE A SHOULD BE TOWN PROBLED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PAGES 18 HOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 18 NO BASES DEATH, WITH THE STRATE DEPARATIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WERE BEALTH WORD, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSE  Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	ATE CAUSE (a) Hypertensive  Due to, or as a consequence of  (b)	Cardiovascular Diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SET WEEN ONSET AND DEATH
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DIVI THIS CE WARDEL PAGE 3 TATE DE 21201 P	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC )		OR TOWN COUNTY STATE
MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, SE 4 SHOULD BE FORW FUNERAL DIRECTOR: 9 FR DEATH, WITH THE SI; MORE, MARYLAND, 2	death resulted fram: Not	ge of the remains described above, held an application of the remains described above, held an Accident , Suic	TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL	ed manner
PAGE EXE	23a BURIAL, CREMATION, REMOVAL		TERY OR CREMATORY 23d LOCATI	ON COUNTY STATE
1207BP	BURIAL	9/3/82 Baltimo		imore Md.
DHMH - 17	24 FUNERAL DIRECTOR	ADDRESS	25e. DATE REC'D. BY REG	ISTRAR 256. PEGISTRAR'S SIGNATURE
(VR A15 ME (5))	Wm. C. March		avenue MIG3119	187 John & Caluly



20M 4/B2



FOR - STATE REGISTRAR 1 DECEASED NAME

TYPE OR PRINTI

FEMALE

MARYLAND

10 CITY OR TOWN OF DEATH

BIRTHPLACE (STATE OF FOREIGN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

24 FUNERAL DIRECTOR

23b. DATE

08-06-82

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

3. SEX

FIRST

VIOLET

4 RACE

MARI

WHITE

U.S.

76. CITIZEN OF WH

11. NAME OF HO

DEPART	MENT OF H	E OF MARYLA EALTH AND M ICATE OF D	ENTAL HY	SIENE 8	REG. NO.	2	0	8	4	0		
DLE	L	AST		20 DATE O	FDEATH M	ONTH	DAY	YEAR	2b HO			
E C.	S	CHEFFEL				81	3/	82	74	P		
13711	5. DATE C			6. AGE (IN	YEARS LAST BIRTHI	DAY	IF UNDE	RIYEAR	IF UNDE			
	08		12		69	YRS	MONTHS	DAYS	HOURS	MIN		
IAT COUNTRY?		ST NEVER M		9 BALTIMO	DRE CITY OR	COUNT	OF DE	ATH				
Α	WIDOWE	D DIV	ORCED	В	ALTIMO	RE C	ITY			M		
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RESIDENCE BEFOR C. CITY OR TOW ARBUTU	/N	13d. INSIDE CIT	TY LIMITS?	13e. STREET 4618		AVE	NUE	. 21	229			
LAST		15. MOTHER'S		ME	La proper							
CLARK			ORA		WIDDLE			KUM	MER			
SOCIAL SECU	JRITY NO.	17. INFORMAN	41		ADDRESS	5	2	2122	9			
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andu		Omma	rus	Fail	hero			APPROXI	MATE INTE	PVAL		
S A CONSEQUI	ENGE OF	Pnec	imo.	nitis								

23d LOCATION

AUG - 61982

PK.

CITY OR TOWN

ELKRIDGE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HOWARD

STATE

MARYLAND

	BALTIMORE	ST.	AGNES HOSPIT.	AL	TYPE OF WORK FOR MOST OF SEAMSTRE	F WORKING LIFE) IN	NDUSTRY	O2IIAE22 OK			
				13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4618 LEED	S AVENUI	E. 2122	29			
1	14 FATHER'S NAME FIRST GEORGE	WIDDLE	CLARK	NAME		KUMME					
7	160 WAS DECEASED EVER IN ( 1485, NO OR UNKNOWN)  NO	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES}	215-05-3903	17. INFORMANT FREDERICK	H. SCHEFFEL		21229 EEDS AV	VENUE			
	Conditions, if ony, wh gove rise to immedi couse (a), stating	CAUSED BY: MEDIATE CAUSE (0)  DUE TO, OR hich (b)	Cardio pre Cardio pre cas a consequence of  AS A CONSEQUENCE OF	Preume	Failure mitis		APPROXIMAT	IE INTERVAL ET AND DEATH			
	PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY	tenisch	NTRIBUTING TO DEATH BUT ELOPIC CA TION FOR WHICH OPERATION	ediovaccu	A 1	20b. IF YES, WE	, WERE FINDINGS USED YING CAUSES OF DEATH				
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	E OF DEATH HOUR A.A	A. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	PART 2)				
	2) IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME STRE	DF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	214. LOCATION STREET	CITY OR TO	NN C	OUNTY	STATE			
	sow the deceased a	22a Lectify that (I) (the board) ottended the deceased from									
	22b. SIGNATURE	h H. Mu	Clar mo		MEDICAL STAF	F	12 DATE SIG	32			
1	22d. PHYSICIAN S NAME Dr	Joseph	Milles	900 S.	Cation an	e (	21229	1)			

23c. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE MEM.

21229

DHMH - 16 50M 1/B1 (VRA 15, 4)

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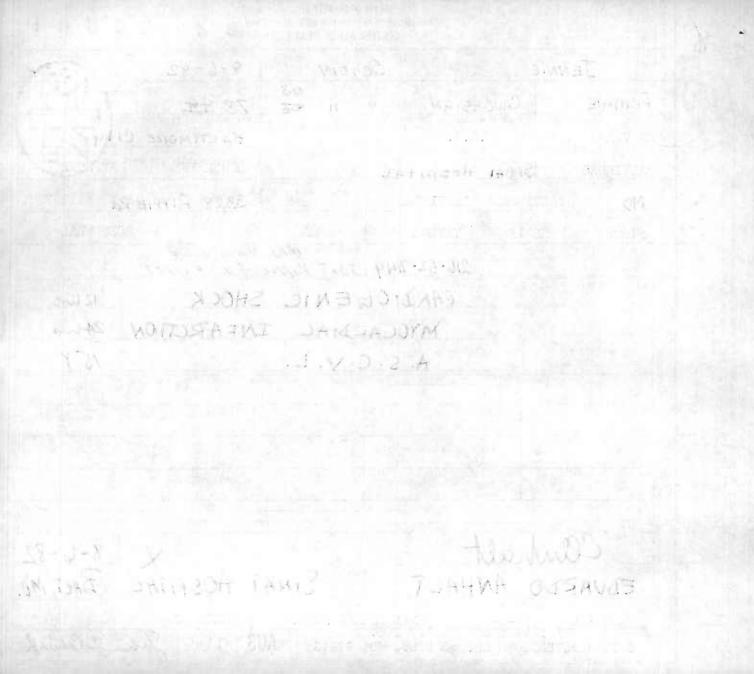
21215

6010 REISTERSTOWN RD., BALTO., MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR - STATE

STATE OF MARYLAND

ale PLACE (STATE OR FOREIGN  "Y land  R TOWN OF DEATH  timore  SIDENCE (# NURSING HOME of  land  "S NAME  Epph"	elyn  4. RACE  White  7b CITIZEN OF  U.S.A.  11. NAME OF  (IF NOT IN SUC  Union  R OTHER INSTITUTION	5 DATE MON WHAT COUNTRY? 8	BED NEVER MARRIED DIVORCED DOR OTHER INSTITUTION  DITAL  134 INSIDE CITY LIMITS?	REG. NO 20. DATE OF DEATH  August 27, 6 AGE (IN YEARS LAST BIR  65 9 BALTIMORE CITY O  BALTIMORE 112a USUAL OCCUPATI (TYPE OF WORK FOR MOSTO  HOUSEWIFE	MONTH DA  1982  (HDAY)   III  YRS.  R COUNTY C  City  ON	FUNDER I YEAR ONTHS DATS  DF DEATH	2b. HOUR 2: D J B UNDER 24 HH HOURS MIT
EV  Ale  PLACE (STATE OR FOREIGN  "Y) Land  R TOWN OF DEATH  timore  SIDENCE (# NURSING HOME of  Land  PS NAME  EDDT	4. RACE  White  7b. CITIZEN OF  U.S.A.  11. NAME OF (IF NOT IN SUE  Unior.  ROTHER INSTITUTION NIY	WHAT COUNTRY? 8 MARRI WIDOW HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) Memorial Hos GIVE RESIDENCE BEFORE ADMISSION 133. CITY OR TOWN	OF BIRTH  AND OAY VEAR  BED NEVER MARRIED OF OTHER INSTITUTION  PITAL  13d. INSIDE CITY LIMITS?	6 AGE (INYEARS LAST BIR 65 9 BALTIMORE CITY O BALTIMORE 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O HOUSEWIFE	YRS.  R COUNTY C  City ON	DF DEATH	HOURS MIN
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land 136 COU	NIY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?				
eph	MIDDLE		YES NO	3004 Iona	Terrace	e	
DECEASED EVER IN U.S. A		Tochterman	Dorothea			Jack	son
OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO. 212-03-2689	17. INFORMANT Robert H. Sch	hlutter 300		Terra	ce
rse (a), stating the derlying cause last	(c) EQNDITIONS <u>C</u> (	ONTRIBUTING TO DEATH BU			acht		
X				YES NO	IN CERTIFYI	NG CAUSES	
ACCIDENT WAS UNDER THE CONTRIBUTING TO AUST OF UT EITHER POLIFT PROCAL EXAMINATION OF CURRED	HOUR A. P. 21e. PLACE	M. MONTH DAY YEAR M. 19 OF INJURY	21f LOCATION				
HOT WHEE C	( AT HOME, STE	REET, FACTORY, OFFICE, FARM, ETC.)	STREET			COUNTY	STAT
			nd that in (my) (aux) apinian a	. 10	30 - 1 Y		
Gened	hegy	es in W		MEDICAL STAF	F IAN []	8/	182
				Road Balti	more,	Maryla	nd
T D S S S	ditions, if any, which e rise ta immediate set (a), stating the erlying cause last  2 OTHER SENIOR  ATE OF OPER NON  ATE OF OPER NON  Certify that (I) (the bace aw the decassed alive arbove, (I) (we) (did) (did not light and light are light and light arbove, (I) (we) (did) (did not light arbove, (I) (we) (did) (did) (did not light arbove, (I) (we) (did) (did) (did not light arbove, (I) (we) (did) (did	attens, if any, which erise to immediate the (a), stating the erlying cause last  2 OTHERSENII ANT CONDITIONS	DUE TO, OR AS A CONSEQUENCE OF  ditions, if any, which e rise to immediate se (a), stating the erlying cause last  2 OTHER SENTING ANT CONDITIONS CONTRIBUTING TO DEATH BU  ATE OF OPER NON  19b CONDITION FOR WHICH OPERATION  ACCOUNT WAS UNDOWN  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  certify that (1) (this baroutal) attended the deceased from aw the deceased alive an above, (1) liwe) (did (did not view the bady after death).  CHYSICIAN'S NAME (TYPE OR PRINT)  ATA A CONSEQUENCE OF  19b.  CONTRIBUTING TO DEATH BU  21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  CHYSICIAN'S NAME (TYPE OR PRINT)  ATA A CONSEQUENCE OF  10c.  10c.  11b.  11b.  11c.  11	DUE TO, OR AS A CONSEQUENCE OF HASCUM  ditions, if any, which e rise to immediate the erise to immediate the erise (a), stating the erise (a) stating the	DUE TO, OR AS A CONSEQUENCE OF HASCUD  ditions, if any, which e rise to immediate to (a), stating the erlying cause lost  2 OTHER SECOND DUE TO, OR AS A CONSEQUENCE OF  (c)  19b DUE TO, OR AS A CONSEQUENCE OF  (c)  19b CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  20c AUTOPSY?  YES NO  ACCIDENT WAS UNDOTTED  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  19  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET) (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. PLACE OF INJURY (AT HOME, STREET) (AT HOME,	DUE TO, OR AS A CONSEQUENCE OF HASCUD  ditions, if any, which erise to immediate the latting the eristing cause last  2 OTHER SECRETARY  ATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216 TIME DESCRIPTION  217 LOCATION  218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218 ATE OF OPERATION  219 LOCATION  210 LOCATION  210 LOCATION  211 LOCATION  211 LOCATION  212 LOCATION  213 LOCATION  214 LOCATION  215 LOCATION  216 LOCATION  217 LOCATION  218 AND A CONSEQUENCE OF HASCUD  218 LOCATION  219 LOCATION  210 LOCATION  210 LOCATION  211 LOCATION  212 LOCATION  213 LOCATION  214 LOCATION  215 LOCATION  216 LOCATION  217 LOCATION  218 LOCATION  218 LOCATION  219 LOCATION  220 ADDRESS  221 ADDRESS  222 ADDRESS  223 ADDRESS  224 ADDRESS  225 ADDRESS  226 ADDRESS  226 ADDRESS  227 ADDRESS  228 ADDRESS  238 LOCATION  228 ADDRESS  238 LOCATION  238 LOCATION	DUE TO, OR AS A CONSEQUENCE OF HASCUD  ditions, if any, which er rise to immediate to institute of the property of the

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland AUG 30 1982

and the transfer of the second of the AUG 30 852 Party Condition

Mofully Funeral Home, 237 E. Patapsco Ave. Balto.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

126. KIND OF BUSINESS OR

STATE

22c. DATE SIGNED

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

REGISTRAR

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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

FOR

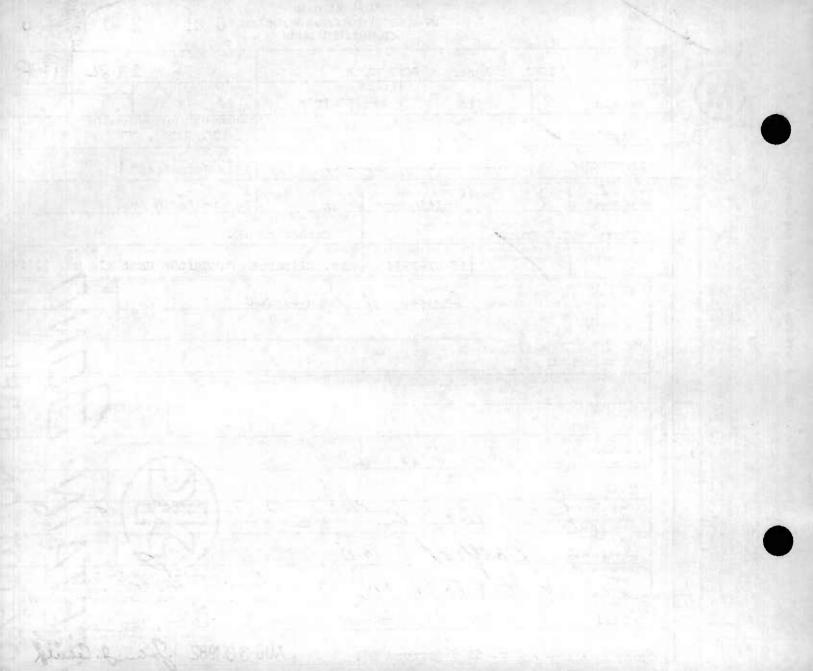
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENS

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			FIRST E	thel "	I.	8			2a DATE O	FDEATH	MONTH	DAY 4-	YEAR 82	2b HOUR	A
	3. SE	X		4 RACE					6 AGE (IN	YEARS LAST BI	RIHDAY)			IF UNDER 24 H	
				White		7	8 PAY	1898	16%	84	1 11 0			HOURS M	IN.
,	70 BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIE	D NEVER A	MARRIED -	9 BALTIMO	RE CITY	OR COUN	TY OF DE	ATH		
2									Balt	imor	e Ci	ty			MD
1				JIF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		NOITUTION	(TYPE OF WOR	K FOR MOST	OF WORKING			F BUSINESS	OR
_	The same of						spital		Hous	ewif	e				
5	13a. S	STATE	13LCOUN	TY	136 CITY OR TOWN	N	13d. INSIDE C	ITY LIMITS?	13e. STREET			oin	t Bi	lvd.	
ø	14 FA			AIDDUE	TAST	12.17			ME						
0				MIDDIE .	Keys				t	WIDDLE	100	Cı	ush:	ing	
2	(1)	ES NO OR UNKNOWN)													
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		4960 Conditions, if ony, gave rise to imm	which ediote	DUE TO, OR	AS A CONSEQUE	NCE OF	FALUE	<i>E</i>							
	7	PART 2 OTHER SIGN	IFICANT C	- 4	•	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CON	IDITION	IVEN IN I	PART 1/c	1	
	Ţ	1000	) /												
À	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDII	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED			IN CER	TIFYING (	FINDIN	OF DEATH?	
		OR CONTRIBUTING C	AUSE OF DEAT	TH HOUR A.A	A. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR					PART 2]	NO L	
	MEDICAL	WHILE NOT WHILE	E			ARM, ETC )				CITY OR TO	OWN	co	UNTY	STATE	
		saw the deceased abave, (I) (we) (di	d alive an.	8/3	decrased from	PZ. or	nd that in (my)	_, 19 (aur) opinion o	deoth occurre	ed on the d	lote and h	, 19our ond fi	rom the	hat (I) (we) couses stated	lost
		REGISTAR  CERTIFICATE OF DEATH  REG NO.  LEASED NAME  LEA													
				W ME	0		120. ADDRES	A	ery 1	tosp					

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 236 DATE 8/7/1982

Oak Lawn

231 NAME OF CEMETERY OR CREMATORY

1210. ADDRESS
Byrno. City Hosp

23d LOCATION
CITY OR TOWN
Baltimore

74 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 7922 Wise Avenue Dundalk, MD. 21222

Assung the Newman

1	STATE OF MARYLAND	100
6	I - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 8 4 REG. NO.	8
. 5	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOL	JR
9	EMMO L SCHULTZ 8-3-82.  SEX 14 RACE S. DATE OF BIRTH 6. AGE (INVEAS) LAST BIRTHDAY)   FUNDER 1 YEAR   FUNDER	M
6	MONTH DAY TEAR 4 47 YES	MIN.
12	BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
2	CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINE	MD. ESS OR
/	Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Recy Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
25	SUAL RESIDENCE (IF NURSING ) RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  © STATE  134 INSIDE CITY LIMITS?  136. STREET ADDRESS	
50	FATHER'S NAME Balto. Balto. YES NO NO 15806 No. Hazelwood Aven	we_
30	Rudolph Stahm Elizabeth Miller	
2	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS No. Hazelwoo	d Ave
1	No 215-03-20290 Nrs. Elizabeth R. Krug Balto. Nd212  18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c)  APPROXIMATE INTER  APPROXIMATE  APPROXIMATE INTER  APPROXIMATE INTER  APPROXIMATE INTER  APPROX	206_
	PARTI. DEATH WAS CAUSED BY:  5/19  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  ARGE LEFT PLEURAL EFFUSION 2° TO CA	3
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
2	196. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18. PART 1 OR PART 2)	TH?
9	AD SOUTHWISTON OF STREET HOUR A.M. MONTH DAY YEAR	
	THE CONTRIBUTING CAUSE OF DEATH  THE EITHER NOTIFY MEDICAL EXAMINER?  P.M. 19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN COUNTY STREET	STATE
	AI WORK AI WORK	
	27a   certify that (1) (this hospital) attended the deceased from	
	226. SIGNATURE DEGREE 221. DATE SIGNED	
,	David Z. M. M. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/3/82	-
	22e. ADDRESS  DAY, AD	
•	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY S	STATE
	Burial 8-6-82 Gardens of Pith Cem Balto, Md.	
81	FUNERAL DIRECTOR  John C. Miller Inc-6415 Belaun Rd -21206  ALIG 06 1982	a

The American Committee of the Committee salitions continue as that ide l'adrie l'action in faire l'accine l'agric seela Zoli Stalim II is it was ping The same of the same it - in- 22 min figure in war a sin win- it so LEESTHE ADVANCAGE OUR RES THE WAY IN I WAY TO CAMER maint in a carrest of the en. 10110. C. on a line nor 115 solution in-1/201

ADDRESS

Balto., Md.

(VRA 15, 4)

Anatomy Board

STATE OF MARYLAND

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4	1.	FOR STATE			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 2	2	0 8	5 0
		REGISTRAR CEASED NAME	FIRST		MIDDLE	CERTIF	AST DEATH	REG. N	O.	YEAR	26 HOUR
~	LIAN	OR PRINT}	HELENA	des T	Α.	SC	HWARTZMAN	AUGUST	23, 198	32	10:57 p.
	3. SE	emale		RACE Whit	e	5. DATE OF	29,1904 YEAR	6 AGE (IN YEARS LAST BIT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OF COUNTRY)	R FOREIGN 7	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City of	OR COUNTY O	FDEATH	MD
35		ITY OR TOWN OF DE	ATH I	UF NOT IN SUC Church	HOSPITAL, NURSING HEACHLITY, GIVE STREET HOME HOS	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING LIFE)	126 KIND OF INDUSTRY Educa	F BUSINESS OR
35	130	AL RESIDENCE (IF NUR STATE D.	136 COUNT	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE BALTIMO	E ADMISSION)	13d. INSIDE CITY LIMITS?	131 STREET APPRESS	ree St.	(2122	26)
mpletely and 2 sh		THER'S NAME Frederick	M	NIDOLE	Holtsch	nneide	15 MOTHER'S MAIDEN NA			Deihl	1
medical	16a V	VAS DECEASED EVER (ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECT 220-38-5		17 INFORMANT Richard Schwa	artzman (sai		3e)	
ijury, ar ather traumatic e	No	gave rise to im couse (a), stati underlying caus	, which imediate ng the e last.	DUE TO, O  (c)	R AS A CONSEQUI METABOL I R AS A CONSEQUI METAS I	ENCE OF ENCE OF TATIC		MINAL DISEASE OR CON	DITION GIVEN	IN PART Ha	
ows any ir	CERTIFICATION	190. DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING	IGS USED OF DEATH?
or Item 18 show		21a. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR		1	I OR PART 2)	
rkedor	MEDICAL	21d INJURY OCCUR	THILE [7]	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
Dept. or neom If Hem 21 is ma		220. I certify that (I saw the decea abave, (I) (we) 22b, SIGNATURE					nd that in (my) (our) opinion DEGREE ATTENDING	, to AUGUST death accurred an the d		22c. DAJE	
MAPORTANT:		22d. PHYSICIAN'S N KENNETH		V	D.	/	PHYSICIAN [	DIRECTOR PHYSIC	CORPOR	ATION Md. 21	231
<u> </u>		URIAL, CREMATION		23b. DATE 8/27/8	230 1		EMETERY OR CREMATORY Hill Memorial	23d LOCATION CITYOR TOWN Baltimos		OUNTY	STATE
A 1/81 4)	24 FI	INERAL DIRECTOR		., Md.	21225 <sub>DORESS</sub>		25a. DAT	TE REC'D BY REGISTRAR UG 2 5 1982		R'S SIGNATIV	smelf

STATE OF MARYLAND

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	4		SIA	TE OF MARYLAND			- 1 MB B
	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2 REG. NO	Britis Alla	8 5 1
y be ge 3 leoth		CEASED NAME PIER	r Francesco Sci	PioNi		0 1	26 HOUR 2.25 A
Роде 4 то	3. SEX	Male	4. RACE S. DATE MON O 3		6. AGE (IN YEARS LAST BIR)		YEAR IF UNDER 24 HR
deoth. Po	C	TTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARR WIDOV	NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	R COUNTY OF DEAT	
by the transfer of	B	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME LIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) COOO SAMARITA	N HOSPITAL	120 USUAL OCCUPATION OF SALES	E WORKING LIFE) INDUS	ND OF BUSINESS C STRY <b>kery</b>
n 24 hou	13a S	MD.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 13C. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?		HE ALAM	EBA
ompletal		THER'S NAME FIRST Oscar	Scipioni	15. MOTHER'S MAIDEN NAM	de		pede
on ond c			RMED FORCES? 166 SOCIAL SECURITY NO. 219-28-2533	Virginia T.Sc	ADDRE		eda 21239
requires that the death cer is signed by the attending. Then please remove corbo ir to buriol, cremotion, or re injury, or other troumatic e	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	SP. FAILURE		DITION GIVEN IN PA	RT Ito
ion.  hos bee the permit- rene prio	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CAI	JSES OF DEATH?
					LES TO CONTR		NO 🗌
OR ATTENDING PHYSICIAN, The byspital or attending physician DIRECTOR: After this certificate had for use as the buriol-transif popt, of Health and Mental Hygier tem 21 is marked or them 18 shapes	MEDICAL	Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE)	ATH HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  itol) oftended the deceased from 8.7.74	211 LOCATION STREET  (7-12 Pm) 19 and that in (my) (our) opinion de	CITY OR TOV	vn country 18 part I ORPAI  2 · 2 · 5 Arg  19  1e ond hour ond from	state  , that (I) (we) loat the couses stated  DATE SIGNED
ital OR ATTENDING PHYSICIA by the hospital or attending pile. RAL DIRECTOR: After this certification of the burnol-sisted Dept. of Health and Mental INT: If them 21 is marked or them	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (this hosp sow the deceased alive on above, (1) (we) [did] (did no above, (1) (we	ATH HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  itol) oftended the deceased from 8.74  3.14.22-(7.12)  19  21) view the body ofter death.	211 LOCATION STREET  (7-12 PM)  and that in (my) (our) opinion de  DEGREE  ATTENDING PHYSICIAN   22e ADDRESS	CITY OR TO	VIN ITEM 18 PART I ORPAN  2 · 2 · 5 Am  2 · 19  Ite and hour and from  FIAN 8	that (I) (we) loon the couses stated DATE SIGNED
OR ATTENDING PHYSICIA he hospital or attending pl DIRECTOR: After this certif oched for use as the buriol-t Dept. of Health and Mental If Item 21 is marked or Item	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this hosp sow the deceased alive on above, (1) (we) (did) (did no  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE C	ATH HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)  itol) ottended the deceased from 8.74 8.74 9.2-(7.12) 19  21) view the body offer death.  P. DHILLON  236. NAME OF	211 LOCATION STREET  (7-12 PM)  and that in (my) (our) opinion de  DEGREE  ATTENDING PHYSICIAN   22e ADDRESS	CITY OR TO	VINITEM 18 PART I ORPAN  2.25 Am  2.19  Ite and hour and from  Plan 8  HOS PITTH  COUNTY	tr 2)  STATE  , that (I) (we) long the couses stated DATE SIGNED  1/5.82

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STATE OF MARYLAND

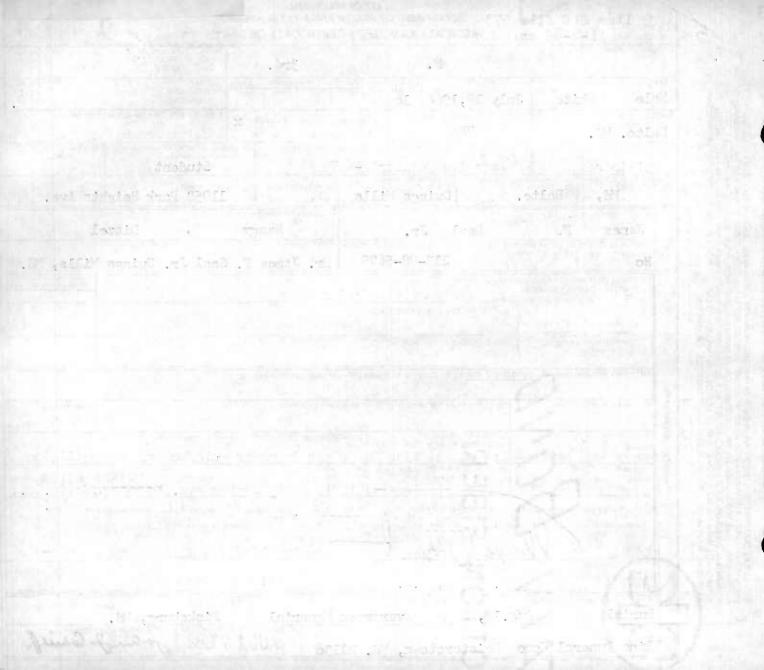
item 7a //G570 8/20/82

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1		STATE OF MARYLAND	
	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2 0 8 5 3
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE SCOTT	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
3	SEX 12 12 14 R	Lind S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN 7) (COUNTRY)	CHIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
D III	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION 128. KIND OF BUSINESS OR
35	SUAL RESIDENCE (# NURSING HOME OR OTH 30. STATE	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TO VIN  YES NO   YES NO   13. INSIDE CITY LIMITS?	130 STREET ADDRESS Booklen XZ.
200	FATHER'S NAME FIRST MIDD	15 MOTHER'S MAIDEN N	
medical 16	(IF YES, GIVE WA		w-380 Brothen RA
mury, or other troumatic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF LOUIS DIE TO, OR AS A GOVERNMENT OF TOUR OF LOUIS DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MAL DISEASE OR CONDITION GIVEN IN PART 1/01
9	19x DATE OF OPERATION	191: CONDITION FOR WHICH OPERATION WAS PERFORMED.	78s AUTOPSY?   18s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO
19	21st ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  I RETINER INGTRY MEDICAL EXAMINER	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RRED. (ENISE WATURE OF WILLIES ON HEIM TH. PART 1 ON PART 3)
arked or the	214, NJURY OCCURRED  WHILE OF NOT WHILE OF NOT WORK	214. PLACE OF INJURY (AT HOME STREET, PACTOR), OPPICE, FABRILLED.  211. EOCATHON 19421	CONTROL COUNTY STATE
n.214 m	228.1 certify that (I) (this hospital), saw the deceased alive on the (I) (we) (did) (did not vig	The bod After death 19 82 fed that in (my) (our) opinion	n death occurred on the date and hour and from the causes stated.
ANT. # Mer	The SEGATURE AND		MEDICAL STAFF
MPORTA	JOHN	OVINGRIN TO ADDRESS	
_ 2	Stroland y	18/6/8~ D. CHUNG	Ce. A. A. Course la
OM 1/81 5, 4)	FUNERAL DIRECTOR WILL	0 1912 W. WorkAU	G 4 1982 Runne 9 Story

STATE OF MARYLAND FOR Item 21f film 573 REGISTRAR 11-8-82 cm DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-F. 3rd. Seal James 15 1982 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 3:47 P.M DATE LAST BIRTHDAY MONTHS PRONOUNCED Male July 18,1966 White 16 DEAD 15 1982 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYL USA Balto. Md. WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Student University Hospital - STU UAL RESIDENCE CE IN NUMBER 13. STREET ADDRESS Park Heights Ave. Owings Mills 13 d. INSIDE CITY LIMITS? Md. Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Seal Nancy Ditzel Jr. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-98-5675 Mr. James F. Seal Jr. Owings Mills. Md 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PARTIDEATH WAS CAUSED BY Traumatic Injuries IMMEDIATE CAUSE (o)\_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES IX 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 2: 1 5P.M. 5 1982 driver in motorcycle/motorcycle collision 21e PLACE OF INJURY II LOCATION OWINGS MILLS STATE WHILE NOT WHILE AT WORK 12015 Park Heights Ave. Woodlawn, Balto.Co.. Autopsy X. 22ª I certify that I took cha e of the remains described above, held on Inspection Inquiry X Homicide Undetermined manner death resulted from: Suicide ACTUAL Deputy ChiefEDICAL EXAMINER DATE 8-16-82 SIGNATURE EXAMINER'S NAME III Penn Street Thomas D. Smith. M.D. TYPE OR PRINT) 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Aug. 18,82 Evergreen Memorial Finksburg. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 DHMH - 17 Eline Funeral Home Reisterstown, Md. 21136 (VR A15 ME (5))

20M 4/82



7	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	IENE 8 2 REG. NO.	20855
60 to	1. DECEASED NAME FIR (TYPE OR PRINT)	iche Seider	vberg	20. DATE OF DEATH MONTH	23-82 12 PM
- 1 (M)	3. SEX FEMALE  BIRTHPLACE ISTATE OR FOREIG	white spate		6 AGE (IN YEARS LAST BIRTHDAY)  XXX 90 YR	
1	MARY LAND	USA MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY O	CITY MD.
201 by th filed	BALTA, MC	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, SINE STREET ADDRESS)  LEVINDALE HEBRE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY AT HOME
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill acomes relitteen	MARYLAND 13b	ome or other institution, give residence before admission) COUNTY  136 CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5810 GIST AVI	E. #21215
	LEOPOLD	ROSENHEIM	IS MOTHER'S MAIDEN NAM FIRST SARAH	MIDDLE	FRIED
BALTIMORE, cote be executed by system and cot papers. Pages 1 val. 1, the medical	(YES NOOR UNKNOWN) (IF Y	S. ARMÉD FORCES? 166 SOCIAL SECURITY NO. 215-48-1076	17 INFORMANT MR 6303 PARK H	. HENRY APPRESONN TS. AVE. BALT	N ΓΟ., MD 21215
W. PRESTON ST., or the death certification by the ottending phere remove corbon proceedings or remotion, or remotive even ther traumotic even	Conditions, if ony, wh	the DUE TO, OR AS A CONSEQUENCE OF	W CY CHS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  BY -7 - F 2
CORDS, 20 w requires been signer mit. Then ple priver to buring	PART 2 OTHER SIGNIFIC 1190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY!	ANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT		200. AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ON OF VITAL RE IYSICIAN: The lo ding physicion. is certificate hos burial-transit per Mental Hygiene; or item 18 shows,	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH DAY YEAR MINER) P.M. 19		YES NO CHENTER NATURE OF INJURY IN ITEM	YES NO 18, PART 1 ORPART 2)
DIVISION DING PHY or ottendia After this e as the bu olth and M morked or	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDO spital or CTOR: A for use of Heal	sow the deceased all above. (1) (we) (did) (	did not) view the body ofter death		death accurred on the date and	
TAL OR Ay the hory the horder DIREI detoched frote Dept.	22b. SIGNATURE	where	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL Eshould be detained with the State EliMPORTANT: If		IWIN AZD	Cerrings	Certail	5-21215
7/9 BP	230 BURIAL, CREMATION, REM (SPECIFY) BURIAL	THE PROPERTY OF THE DICE.	EMETERY OR CREMATORY V FRIENDSHIP	23d LOCATION CBALTIMORE	COUNTY MARYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	6010 REISTER	L LEVINSON & BROS., INC. STOWN RD. BALTO., MD	21215 A	UG 2 6 1982	STRAR'S SIGNATURE

STATE OF MARYLAND

	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND M

ENTAL HYGIENE

2

2 0

		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
		CASED NAME Martha	WIDDLE	Sei	fert	20. DATE OF DEATH MON	1
y	3 SEX	Female	race	5. DATE	OF BIRTH  DAY  7-7- 99	6 AGE (IN YEARS LAST BIRTHDA'	1-10-101
35	C	W. Va.	CITIZEN OF WHAT COUNTR	MARRIE	ED DIVORCED	Baltimore city or co	OUNTY OF DEATH
	1	Balto	1. NAME OF HOSPITAL, NUR! 5028 East	Olive		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Factory Wo:	rker Cork & S
35	13e S	Ma	THER INSTITUTION GIVE RESIDENCE BEF Y 13t. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	3. OLIVERS
200		Greer	Kendal		Betty	MIDDLE	Marshall
e medico		AS DECEASED EVER IN U.S., ARM. ES, NO OR UNKNOWN) (IF YES, GIVE V	var or dates) 16b. SOCIAL SE 235-0	-	David Eva	ns 24 Balti	stan Ct.
, ar other traumatic event		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF		nolloscinos	
Cony injury.	NO.	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHIC			200 AUTOPSY? 20t	DN GIVEN IN PART 110  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	
orkedor	MED	21d. IN JURY OCCURRED  WMILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is m	ug.	22a. I certify that (I) (this haspita saw the deceased alive an above. (I) we) (did) (did not	8/3 19	00	nd that in (my) (our) opinion	death occurred on the date o	nd hour and from the couses stated
NT. If He		Robert J	risher	M	PHISICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	222 DATE SIGNED 8/15/18/2
PORTA		22d. PHYSICIAN'S NAME (TYPE OR P	FISHER		22e ADDRESS 6918	Rudge A	137

FISHER 230 BURIAL, CREMATION, REMOVAL 23h DATE 8/27/82 (SPECIF Removal

Peterstown, 231 NAME OF CEMETERY OR CREMATORY

3331 Brehms Lane Balto., Md. 21213

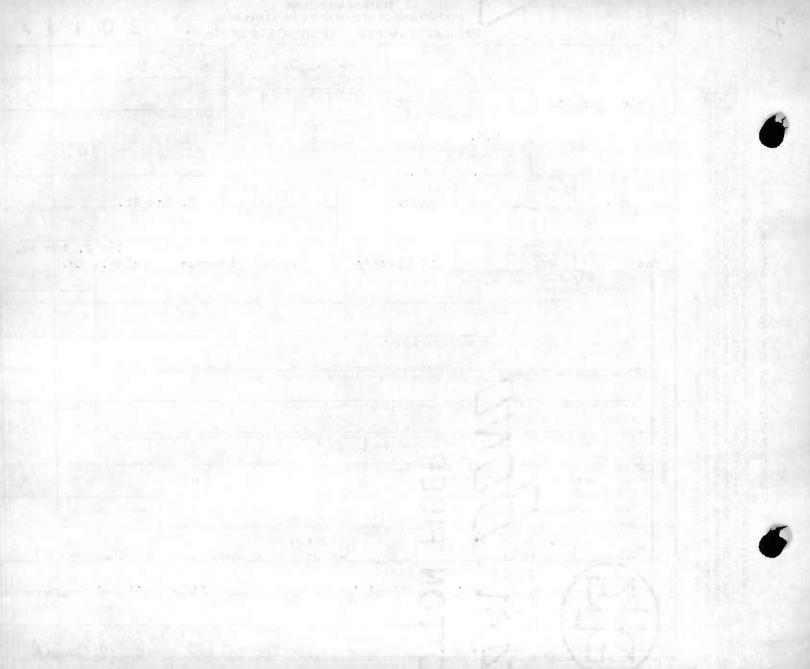
Ellison Cemetey

W. Va.

DHMH - 16 50M 1/B1 (VRA 15, 4)

2 1/2 24 / 2/2 Shanking Zimmer in the section and the management The state of the s the terms of the - ALCOHOLD CO William Cate Carterial assemble 180 550-7 FISHER 180 180 1818 1830

STATE OF MARYLAND FOR RTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI DEATH MATED Sekloski Andrew 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 5 DATE OF BIRTH DATE YEAR LAST BIRTHDAY DAY PRONOUNCED DEAD Male 2 26 94 White 88 198 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED TO VDIVORCED Baltimore City U.S. 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore 259 Ann St SUAL RESIDENCE HE IN HURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Md. NO [ 259 S. Ann St Balto. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 259 S. Ann St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES! 3508 218-12-35/0 Stanley Wisowata Balto., Md. Yes WWI APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A P CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ATE, WARTED TO THE CORWARDED TO THE COST ARE 3 SHOULD BE USE! AND TO SHE STATE DEPARTMENT OF THE STATE YES NO TO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2 PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 21 Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy and in my opinion Hamicide Undetermined manner Natural causes X TITLE (SPECIFY) Assistant 8-24-82 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Removal 9/2/82 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Anatomy Board Balto., Md. (VR A15 ME (5)) 20M 4/82



126	E	FOR			E OF MARYLAND S	H# 00-34-2	24				
V	1	STATE REGISTRAR	DE		HEALTH AND MENTAL HEC FICATE OF DEATH	STABLES	2.	0 8 5			
m.s		CEASED NAME FIRST	WIDDLE	# CC.	LAST	20 DATE OF DEATH	MONTH - DAY	YEAR 26 HOUR			
page 3		LENA		756	TZE/C	0	8-08	-82 59			
Free Free	3. SE	FEMALE	4 RACE WHITE	S. DATE	OF BIRTH  H  DAY  -12-1894	6 AGE (IN YEARS LAST BIR	MON	NDER LYEAR IF UNDER 24 HI			
Poge	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
deoth.	10.0	RUSSIA	USA	WIDOW	XXXX DIVORCED		MORE CIT	Ϋ́			
rs after	В	ALTIMORE		LE HEBRE		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSE	ON F WORKING LIFE) VIFE	IZE KIND OF BUSINESS ( INDUSTRY  AT HOME			
24 hou filled in buld be	130	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NOTY 134 CITY OF BALT	CE BEFORE ADMISSION) OR TOWN IMORE	134 INSIDE CITY LIMITS?	13: STREET ADDRESS 2500 W. BEI	VEDERE	AVE. #2121			
shy	14. F/	THER'S NAME	MIDDLE 1/	457	15 MOTHER'S MAIDEN NA	ME					
1 11 700		SOLOMON	BER		MARY	MIDDLE	WEI	NSTĖIN			
Poget		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GR	/E WAR OR DATES)	18-9458	17 INFORMANT MRS	HARRY LIF	SITZ TO., MI	21208			
of person		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE			1 13 OAK HOLLE	DI CI DAI	110., ML	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
erify on ph ceno	13		TE CAUSE (a)	2515				2 days			
death o affendin ove cost frion, or aumatic		Conditions, if any, which	DUE TO, OR AS A CON	NGRENCE OF	E, LEF	-T F007	_	7 mlhs			
by the Dy the Levering Other It	z	z	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF	IZ VASCUL	AD D36	Ar IS	VIDAN		
ser plead berighted a burial			z	z	z	z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	
or the state of th	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, W	ERE FINDINGS USED			
1 1 1 1 1 1 1 1 1 1	RTIFI		त वामा अध्यक्ष			YES NO	IN CERTIFYING	G CAUSES OF DEATH?			
Office of the second		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	11b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)			
20 114 7	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION						
offer of the sand	MEDI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE FARM, ETC )	STREET	CITY OR TO	WN	COUNTY STATE			
A P S S S S S S S S S S S S S S S S S S		220.1 certify that (I) (this hospi	tal) attended the deceased	from 10 -	19 1980	2.108-8-	, 19_	& Z that (1) (we) !			
E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive on obove, (t) (we) (did) (did no	t) view the body after death.		nd that in (my) (our) apinion	death accurred on the da	te and hour and	d from the causes stated			
4 8 W B - F		226. SIGNATURE	21181		DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIGNED			
to DREC Topiched C Dept.		W/ 1/1.	11/1/1/		PHYSICIAN [	DIRECTOR PHYSIC	IAN	8/8/82			
PITAL OF A by He to be detected Stote Desi		224 PHYSICIAN'S NAME (TYPE C	R PRINT)					Grand Control of the			
D HOSPITAL OF A DOINGE by The New York Rall DIFFE of the New York Rall DIFFE of the New York Rall DORTANT I have			AW-WIN W	M	burnoste	GEMATINE	HUSP +	Con Systa			
retained by the TO FUNERAL DIFFE should be defined with the Store Deep IMPORTALL I	23o B	13- 2	AW-WIN W	23c. NAME OF C	GUINONE EMETERY OR CREMATORY	CEMATINE  23d LOCATION CITYLOR FORM.					
PHWH-19 20W1/81	· ·	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	AW-WIN N	BETH I	EMETERY OF CREMATORY EL MEMORIAL PA	123d LOCATION	LSTOWN	BALTO. STATE			

STATE OF SHE SHELDS 101.01.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN 2b HOUR (TYPE OR PRINT) IS NECESSARY, PLEASE.

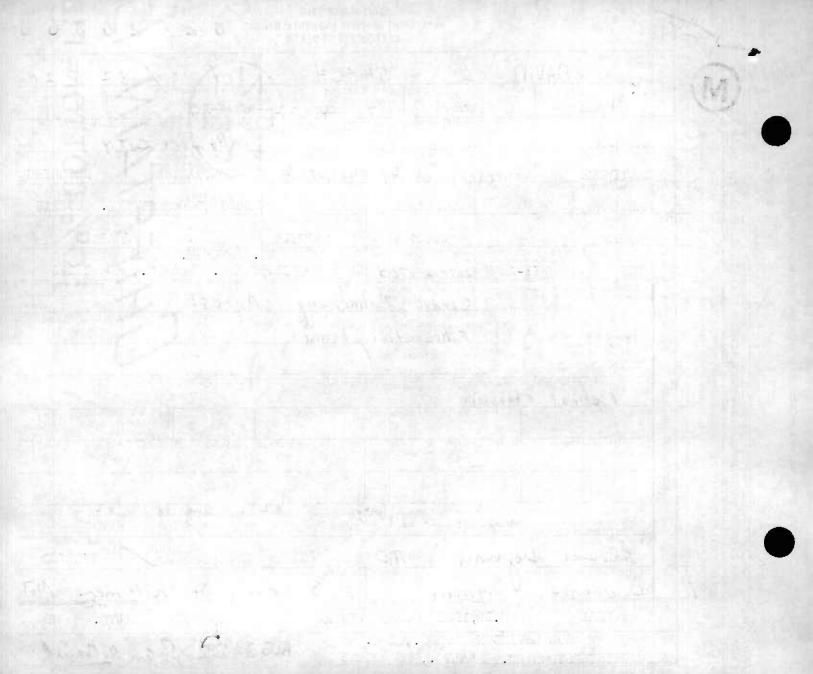
IE FUNERAL DIRECTOR.

JE S FOR YOUR FILES.

LED, WITHIN Z HOURS

LED, WITHIN Z HOURS OF ESTI-William DEATH MATED Henry Sewel 1982 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR 20 DATE LAST BIRTHDAY PRONOUNCED 8:52 1938 Male 6 Negro DEAD 44 12 1987 M. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED XIX Baltimore City XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N VG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FI. 24. EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS—301 W 126, KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFES OR INDUSTRY Baltimore 954 Forest Street 13b. COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY CIMITS? 13e STREET ADDRESS Maryland Baltimore Baltimore City Jail YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Saddie Knox Sewell 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) HEYES, GIVE WAR OR DATES N/A Gloria Barber 4631 Clareway No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM TO FUNERAL DIRECTOR, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple stab wounds AMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 8:30 RA 12 1982 8 Subject stabbed 21d. INJURY OCCURRED TIE PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE prison 954 Forest Balto Md 220 I certify that I took charge of the remains described above, held an Inquiry Autopsy Inspection and in my apinion Hamicide X latural causes Undetermined manner death resulted from Suicide TITLE (SPECIFY) ACTUAL SIGNATURE M.Deputy Chiefiedical ExaminER 8/12/82 EXAMINER'S NAME Thomas D. Smith, M.D. Penn St. Balto., MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE SPECIFY) Baltimore BURIAL 8/17/82 Mt. Zion Cemetery 24 FUNERAL DIRECTOR **DHMH - 17** C. March F/H 1101 E. North Avenue (VR A15 ME (5))

20M 4/82



IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

1 - :	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL	L HYGIEN	IE 8 2	2	0	3	5	1
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	emale	4 RACE Whit	të	5. DATE O			AGE (IN YEARS LAST BIR	YRS.	MONTHS E		UNDER :	
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13a ST.	Md.		13c. CITY OR TOW Baltimor	/N	13d INSIDE CITY LIMIT YES X NO		STREET ADDRESS 3643 Elm	Aven	nue			
	David Yeale	•	LAST		15 MOTHER'S MAIDER		Hess			LAST		
I 60 WA	AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	212 26		Genevieve		.fner	same				
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¥	(IF EITHER NOTIFY MEDICAL EXAMINE) IN INJURY OCCURRED  WHILE NOT WHILE IT WORK	21e PLACE		19 FARM ETC 1	21f LOCATION STREET		CITY OR TO	OWN	COUNT	Υ	51	TATE
	20.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no 7b. SIGNATURE	t) view the body	e deceosed from _ 2 Z _ 19 _ after death.	82,00	d that in (my) (our) opi DEGREE ATTENDIN PHYSICIA	NG _ A	th occurred on the d	FF	ur and from	ATE SIC	uses sto	ve) los
23a. BU	2d. PHYSICIAN'S NAME LIDERAL AUNA PERIOD RIAL CREMATION, REMOVAL	PRARI 23b. DATE	1		22e ADDRESS UNION EMETERY OR CREMATO	MEMO ORY	RIAL HOS	PITAL	COUNTY	0 . 4	51	TATE
24 FUN	Burial  Burial  Burgee Funeral	8/26	1	ruid H	Ridge Cemet	ery			lto.	Co.	Md.	ATI

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

CULTURE SERVICE DE COMMENT YEAR 1886. 3, 1886. W. Sh of 128 The state of Feminyl varies | 15g MANAGE UNION HINDREN HOSELTAL XUGING CHARLES cromiting Spil ala Avenue volso biva Reek Sminsi 212 26 2325 temevieve salener same . o. .o. otto military states estimated to the limit 11.11 to all the and two me and

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34	F	TY OR TOWN OF DEATH  BALTIMORE	UNION UNION	MEMORIA	AL HOS	PITAL	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF	F WORKING LIFE	126. KIND OF INDUSTRY BUSINI	ADVANCER ESS_MACH
and plant be	13a :	STATE 138 COU	INTY LTIMORE	BALTIMOL	N	136 INSIDE CITY LIMITS	? 13e. STR	EET ADDRESS			(21208)
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dico d	16a V	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE		00= 00	
		NU		250-62-	5362	MRS. ALAN	ELKIN	N 3102 I	LIGHTF		. 21208
I, cremotion, or removol.		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS  4 10 5 IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	ED BY: ATE CAUSE (o)  DUE TO, OR  (b)	Respirat AS A CONSEQUE Myora AS A CONSEQUE	ory NCE OF adial	Annest In Carction	7			4	lays
Hygiene prior to burio 18 shows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT  Pabales 1  19a Date of OPERATION	Tellites 6	Sout Proposition FOR WHICH	ovrou	My ocando N WAS PERFORMED	200 A YES	NO [	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED
Hento	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE COLURNED COLURNED	Ain	I. MONTH DA	YEAR 19	216 HOW INJURY OCC	URRED (ENT	er wature of injur	Y IN ITEM 18 PA	RT 1 OR PART 2)	
ond w	ME	WHILE NOT WHILE	(AT HOME STRE	ET, FACTORY OFFICE, F	ARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
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		BURIAL CREMATION, REMOVA BURIAL UNERAL DIRECTOR SOL L	AUGUST	8,1982	HAR S	EMETERY OR CREMATOR	23d L O 4 P.A	OCATION TIMORE BY REGISTRAR	Mices B		STATE  MARYLAND  URE
M 1/B1 , 4)	60	10 REISTERSTOW	N, MARYLAN	ND (BALTIN	ORE)		AUG 1	0 1982	Ina	20	amilf

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DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR STATE REGISTRAK	D	EPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2.	0 8	6 3
		CEASED NAME FIRST E OR PRINT)	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY		26 HOUR
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	19 ASE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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北		MARYLAND	USA	UNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		FDEATH	MD.
0	В	altimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	HOSPTTA		120 USUAL OCCUPATION OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	house
5	USU. 13a. S	AL RESIDENCE (IF NUR DAE OR COUN	TY 130. CITY (	DR TOWN  Burnie	13d INSIDE CITY LIMITS? YES NO KX	WAREHOUSI 130. STREET ADDRESS 404 Irene	_		110000
4		ATHER'S NAME	Shark	AST	15 MOTHER'S MAIDEN NAME FIRST			LAS	1/4
A		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	18/	<u> </u>
do	0	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 216-	09-4083	Mrs. P. Spa	ngenberg sa	me as	13	
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2	TIFIC					YES TO NO	IN CERTIFYIN	G CAUSES	OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR				
	MED	21d INJURY OCCURRED  WHILE ONOT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hospite sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE  32d. PHYSICIAN'S NAME TYPE OR BEDRI	Angust 26 view the body ofter deoth	19 <u>82</u> , on	d that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN TILE.  ADDRESS ST	MEDICAL STAF DIRECTOR PHYSIC AGNES FR	FIAN A	22c. DATE S	
	- (	BURIAL, CREMATION, REMOVAL (SPECIFY)	28 Aug. 82	- 19th Sales	EMETERY OR CREMATORY Haven Mem. Pk	23d LOCATION CITY OF TOWN Glen Bu	C	OUNTY	MD. STATE
		UNERAL DIRECTOR James S. Kirkley	IA.	DDRESS	2 04	30 1982 RAR	John	J.C.	hulf

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## ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH		REG.	NO			1.50
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2	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALT	TIMORE CITY			DEATH	
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0	DOM:	TY OR TOWN OF DEATH  1timore	11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET WN HURSIN	IG HOME (	OR OTHER INSTITUTION	12e US	UAL OCCUPA F WORK FOR A OS a Tes La	ATION of of Working adv	GENFE)	NO KIND O	Clothes
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2	14 FA	THER'S NAME	MIDDLE	LACT		15 MOTHER'S MAIDEN						
16		Robert L.	Middle	Woodwa	rd	Mollie		A.			Rut	herford
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS			
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		AT WORK AT WORK			,	15 0	0	91	6		87	
		22a.l certify that (1) (this has			6-	19.5	, to	8-1	-	. 19_	5	that (I) (we) last
Ж		saw the deceased alive a abave, (1) (we) (did) did n	n	otter death	82 or	nd that in (my) (aur) apinio	ian death ac	curred on the	date and h	aur and	from the d	causes stated
9	2.11	226. SIGNATURE		arren dearn.		DEGREE					22c DATE	SIGNED
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		224 PHYSICIAN'S NAME (TYPE	OR PRINTIPOLA		WI	22e ADDRESS	1	. 11	1		0	CALL
		AUNEN	19	DEK	Il pl	1406	cra	ay for	gu	ay	20-0	rule 10 C
	23a B	SURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DAFE 8/4/82			emetery or cremator unt Cemetery		Baltim	ore	000	NIY NIY	Kenne 192
	-		0/4/02	GI	212					-	- and the	eryland
3		obard Funeral I	Home T	/, TANDAY SST.T	211-0-			BY REGISTRA	REG	BO	BUNK	HE GAL
	nul	opard runeral i	iome, inc	. 410/ W	rrken	s ave.	UG - 4	100C	4/10/00	4	DOM: Y	1

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Wm. C. March F/ H 1101 E. North avenue

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR STATE REGISTRAR		DEPART		TH AND MENTAL HYG ATE OF DEATH	SIENE 8 2	200	0 8	6 6
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Olga SHERMAN C. August 6, 1982 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH Nov.9, 1893 Female White BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S.A. Baltimore City, WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF THER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Garden Village Nursing Center Baltimore Home maker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 138 STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore YES X NOF 5012 Greenhill Avenue 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Charles Rusch Olga RUSCH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Marie Shreaves 5012 Greenhill Avenue no 217-54-7806 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Lordober IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ABTA2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. V YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

21f. LOCATION STREET

CITY OF TOWN COUNTY

STATE

230 BURIAL, CREMATION, REMOVAL

21d INJURY OCCURRED

AT WORK NOT WHILE

saw the deceased alive an.

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

DEGREE

231 NAME OF CEMETERY OR CREMATORY

Parkwood Cemeterv

ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN

23d. LOCATION

CITY OF TOWN

and that in (my) (ear) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED Aug 6, 1982

STATE

MEDICAL

Albert B. Bradley, M.D.

4900 Belair Road Baltimore, Maryland

(SPECIFY) Burial

Aug 9, 82

220.1 certify that (1) (this hospital) attended the deceased from

ADDRESS 7110 Belair Road

COUNTY Baltimore, Maryland

24 FUNERAL DIRECTOR FUNERAL Homes, Inc. Baltimore Md

23b. DATE

hel (did nat) view the bady after death!

DHMH - 16 50M 1/81 (VRA 15.4)

IMPORT

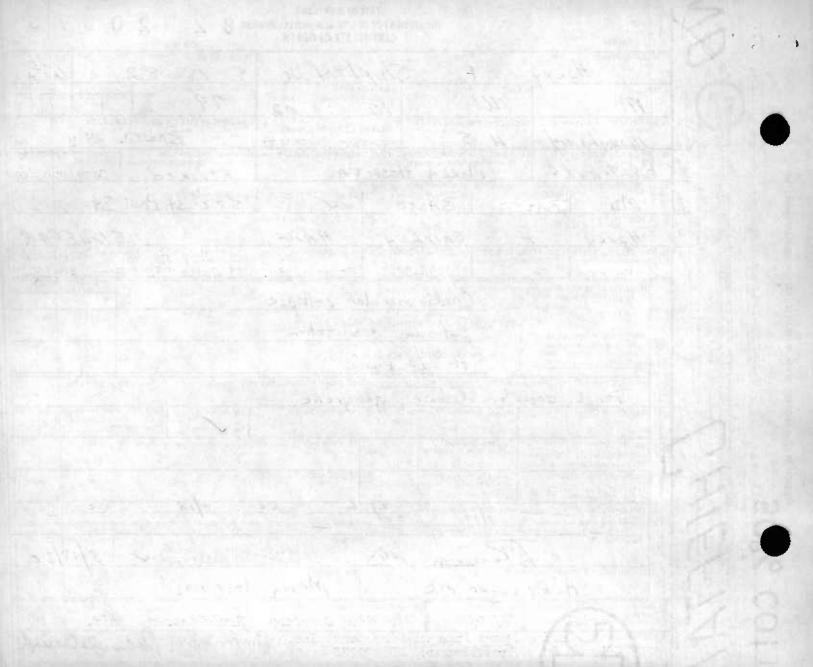
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	IS NECESSARY, PLEASE FFUNERAL DIRECTOR. E.S. FOR YOUR FILES. FOR WARREN OF STREET,	///a	ry land		U.S	.A.		WIDOW	and the same of th	DIVORC		Ralti	more	city			MD.
	AY IS NECESSARY, I THE FUNERAL DIRE AGE 5. OR. YOUR FILED, WINTHIN 72 H 201 W. PRESTON S	10. CI	TY OR TOWN	OF DEATH		F HOSPITAL, NU		OR OTH	ER INSTITUT	TION	12a. USU	AL OCCUP	ATION (TYPE	OF WORK	126 KIN	D OF BU	SINESS
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BALTIMORE	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY RD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO 14 HIFF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGUED AS A BURIAL- TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE FILLOF HEATH AND MENTAL HYGINE, DIVISION OF WITALRECORDS, 30 IRIAL, CREMATION, OR REMOVAL.	1 "	A3	(IF YES, GIVE	WAR OR DATES)	21/	5-28-84	67	Ma R	obert	0 5	boubai	dae S	ama	04.0	house	
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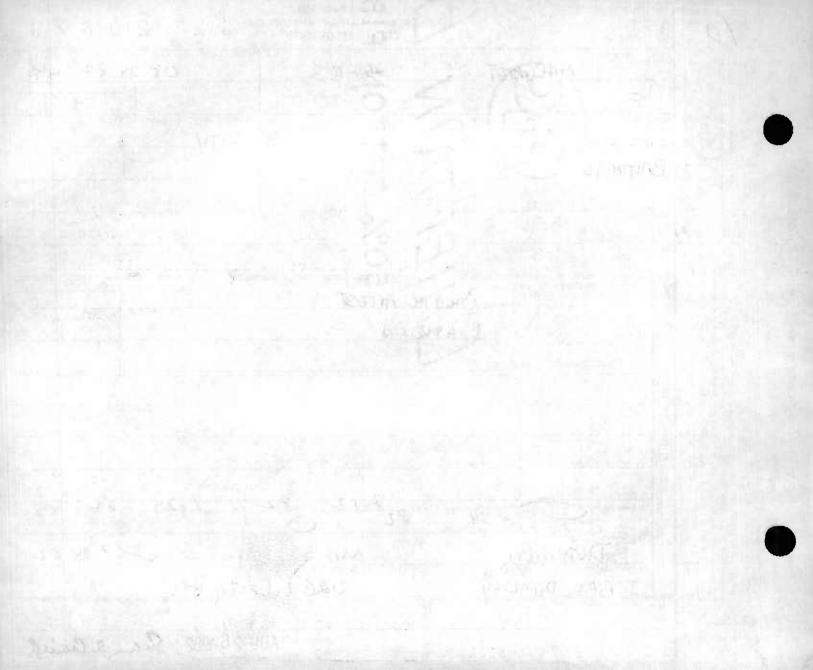
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os ofter d	10 C	Battimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,	L, NURSING HOME ( GIVE STREET APDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	
MARYLAND 21201 ted within 24 hours on 2 should be file	13a. S	AL RESIDENCE (IF NURSING HOME COU		OR TOWN  ALTO	138. INSIDE CITY LIMITS?	130 STREET ADDRESS	Λ ( α )
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VISION  G PHYSI  Great this cert his cert	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR	lY.	21F. LOCATION STREET	CITY OF TOWN	COUNTY STATE
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the hose the hose the hose the hose to Direction the Dept.	18	22b. SIGNATURE	The same state and street deco	m. mi	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATESIGNED
TO HOSPITAL ( TO FUNERAL I Should be deto with the Store I		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) Persinger M	7	220 ADDRESS Mercy	HOSPITAL	10/100
2		BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		23¢ NAME OF	EMETERY OF CREMATORY ive Cemetery	23d LOCATION Randalls tow	on balt. Mb
DHMH - 16 50M 4/82	24. FI	UNERAL DIRECTOR Lorin					



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N N N N N N N N N N N N N N N N N N N			22s I certify that at this ha	ispital attended th	e deceased fro	m	12 198	- to.	8-2	19_6	FL	that (I Way last
E & C + 2			above (Ir/we) (did (did	nat) view the bady	ofter death.	9 57, an	d that in (my) our op	pinion deoth oc	curred on the date o	and haur and f	iram the c	causes stated
S S S S S S S S S S S S S S S S S S S	3		226 SIGNATURE	/			DEGREE			2	2c. DATE S	SIGNED
TAI Y IN THE CALL OF THE CALL			mon	www			ATTENDI	NG MEDI	CAL STAFF TOR PHYSICIAN		8-21	1.82
HOSPIT ned by FUNER old be d	/		22d PHYSICIAN'S NAME (TY	STEPHIS 22			22e ADDRESS					THE WILLIAM
D HOS thould be with the	/			MERY			21261	iber	y HTS			
1/11			JRIAL, CREMATION, REMOV			30 NAME OF CE	METERY OR CREMAT	ORY 23d	LOCATION CITY OR TOWN	COUN	YTY	STATE
5// BP	-		URTAL	8/29	/82 I	ocust	Grove Ba	pt. V	Nise,		N	1.C.
DHMH - 16 50M 1/81 (VRA 15, 4)			NERAL DIRECTOR	- 4- 4	ADDRE	55	250	XUGCS	6 1982 25b.	EVISTRAR'S	SIGNATI	RE . A
(**************************************		Wm	. C. March	F/H 110	I E. N	orth A	venue			-our	000	anny



DECEASED NAME   THE CASE   S.DATE OF DEATH   MONTH DAY SEAN   S.DATE OF DEATH   MONTH DAY SEAN   S.DATE OF BRITH   S.DATE OF BRITISH   S.DATE OF BRITH   S.DATE OF BRITISH   S.DATE OF BRITH   S.DATE OF BRITISH   S.DATE OF BRITH   S.DATE OF BRITISH   S.DATE OF BRITH   S.DATE OF BRITISH   S.DATE OF BRITH   S.DATE OF B	11-	FOR STATE REGISTRAR	DEPARTMENT OF B	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	20872
RETIFIED ON A CHILER OF WHAT COUNTY IN MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NO MORCED   CONTINUED ON MARRIED   NO MORCED   CONTINUED ON MARRIED   NO MORCED   CONTINUED ON MARRIED   NO MORCED   THE CONTINUED ON MARRIED   THE CONTINUED ON MORCED   THE CONTINUED ON MARRIED   THE CONTINUED ON MORCED   THE CONTINUED ON MORCED ON MORCED   THE CONTINUED ON MORCED ON		Caralyn	SACE S. DATE O		2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 8 7 82 G . 15 A
Beltimore  Listern Hospital  L	Wa		LETTZEN OF WHAT COUNTRY? 8. MARRIE	D LI NEVER MARRIED	11-	YRS.  R COUNTY OF DEATH
Second   Caroline	Bal	ltimore	NAME OF HOSPITAL, NURSING HOME (     NOTIN SUCH FACILITY, GIVE STREET ADDRESS)     LUTHERN HOSPITA      NOTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 126. KIND OF BUSINESS O
AUS DECLASED EVEN IN U.S. ARMED FORCES?  7 80/478 Augsburg Luthern Home 6811 Campfield RD  18 CAUSE OF DEATH LETTER ONLY OR AS A CONSEQUENCE OF PART I. DEATH WAS CAUSED BY.  4 8 6 0 IMMEDIATE CAUSE (a) CAR OLO PULMONANY A KREST.  DUE TO, OR AS A CONSEQUENCE OF PULMONANY A KREST.  Conditions, if ony, which gove rise to immediate couse lost. (b) BLATER PREDINCTION FOR WHICH OPERATION WAS PERFORMED (SEPSIS)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101  CHRONIC US STRUCTURE LUNG DISEASE  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 189 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  197 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101  CHRONIC US STRUCTURE LUNG DISEASE PROVING CAUSES OF DEATH?  198 DATE OF OPERATION 196 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101  199 DATE OF OPERATION 196 CONTRIBUTION COUNTS OF DEATH PART 10	14 FATH	THER'S NAME	lmore	IS MOTHER'S MAIDEN NAM	6811 Ca	empfield Rd,
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  272. I certify that (I) (this bospital) attended the deceosed from sow the deceased alive an above, (I) (we) (did) (did nat) view the body atter death.  272. I SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  ATTENDING M	P	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b) BILATER  DUE TO, OR AS A CONSEQUENCE OF  (c) CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  272. I certify that (I) (this bospital) attended the deceosed from sow the deceased alive an above, (I) (we) (did) (did nat) view the body atter death.  272. I SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  ATTENDING M	TIFICATIO			7 010-11-		IN CERTIFYING CAUSES OF DEATH?
220. I certify that (I) (this bespital) attended the deceased from S. D. S. A. S. HOK.  220. I certify that (I) (this bespital) attended the deceased from S. D. S. A. S. HOK.  220. I certify that (I) (this bespital) attended the deceased from S. D. S. A. S. HOK.  220. I certify that (I) (this bespital) attended the deceased from S. D.	REDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	H HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY	211. LOCATION		
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  N. S. ASHOK.  22d. ADDRESS  Luthern Hospital, Baltinue  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	23	27a. I certify that (I) (this bospital saw the deceased alive an above, (I) (we) (did) (did nat) 27b. SIGNATURE	view the body after death.	d that in (my) (our) opinion d DEGREE ATTENDING	eath accurred on the do	22c. DATE SIGNED
	2:			22e. ADDRESS	Hoepi)	al, Baltimure

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J. B. ZACHARY

REMOVAL-BURIAL AUG. 2, 1982

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD.AUG

230 BURIAL, CREMATION, REMOVAL 236 DATE

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

REGISTRAR

MORDCHA I

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY ZICHRON MEIR

SHUALY

REG. NO

20 DATE OF DEATH MONTH

AUGUST 1, 1982

12h KIND OF BUSINESS OR INDUSTRY NEWSPAPAER #21215 5807 PARK HEIGHTS AVENUE ADDRESS #21215 MRS. FRIEDA SHUALY -5807 PARK HEIGHTS AVE. BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY CITY OR TOWN STATE 19.82 ....., that (I) (www lost 22c DATE SIGNED AUGUST 1,1982 4940 EASTERN AVENUE BALTIMORE, MD. BNAT BERAK , ISRAEL BALTIMORE, MD. (21215) 250 DATE REC'D. BY REGISTRAR 21 STRAR'S SIGNATURE

26 HOUR

IF LINDER I YEAR

8:30 AM

IF LINDER 24 HRS

SHMH - TO SOM 1/301 (VRA 15.4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTITI	CAIL OI DEATH	REG. NO	O	
1. DECEASED NAME FIRST	nk Anthor	-	Sica	20. DATE OF DEATH	8-9-82 YEAR	26 HOUR 9.30 A
Male Male	4. RACE  White	Apri	1 5, DA 1907 EAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE MONTHS DAY	
New Jersey	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore	City	M
Baltimore	St AGnes Hos	spital	r other institution	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired cre	ON 12b. KIND F WORKING LIFE) INDUSTR dit manage:	O OF BUSINESS OR RY
30 STATE Maryland			13d INSIDE CITY LIMITS?	406 Swann	Ave., 212	229
late Joseph	Sica LAST		15. MOTHER'S MAIDEN NA late Angel	AA IDDI E		LAST
(IF YES,	ARMED FORCES? GIVE WAR OR DATES)  166. SOCIAL S 218 1	SECURITY NO.	Mrs Rose Ma	ADDRE 11e Sica 4		re. Balto
	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	ainal disease or cont	DITION GIVEN IN PART	110
190 DATE OF OPERATION	19b. CONDITION FOR WE					DINGS USED SES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)		DAY YEAR	21¢ HOW INJURY OCCUR		Y IN ITEM IS PART I OR PART 2	7)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
saw the deceased alive	spital) attended the deceased from 64 - 9-30 Am. 8-9, not) New the body ofter death.	om <u>8</u>			19 8 2 te and hour and from the	that (I) (we) last he causes stated
Kaushalma	a. a. Snigh			MEDICAL STAF □ DIRECTOR □ PHYSIC	F . 9.	7.82.
KAUSHALENI	PEORPRINT)  RAK-SINGH	. M.D	ST. AGNE	S HOSPITA	2.	
230 BURIAL CREMATION REMOV			METERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR HARRY H WITZKE

Burial

FOR - STATE

or page 3 offer death

pod 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or

Aug 13,1982

St James

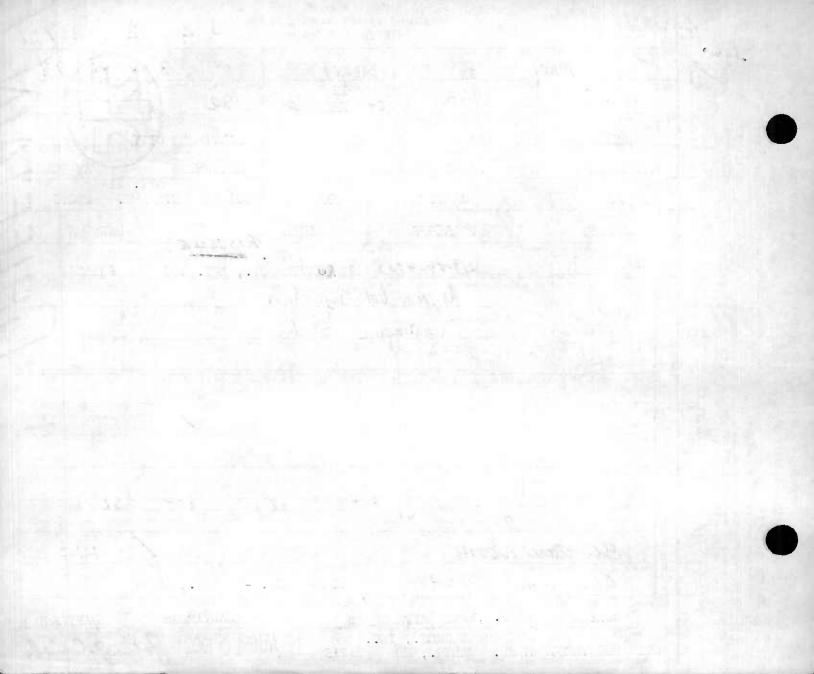
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New Jersey

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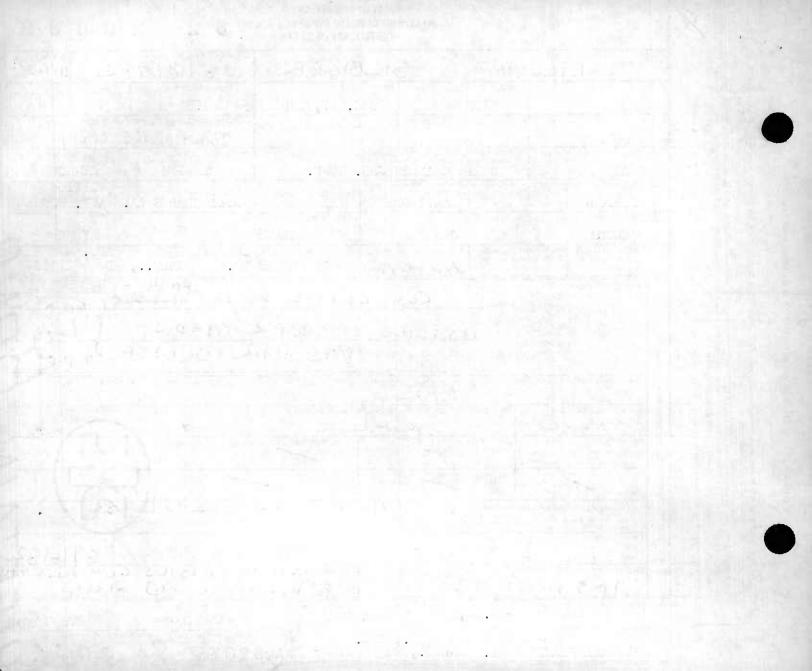


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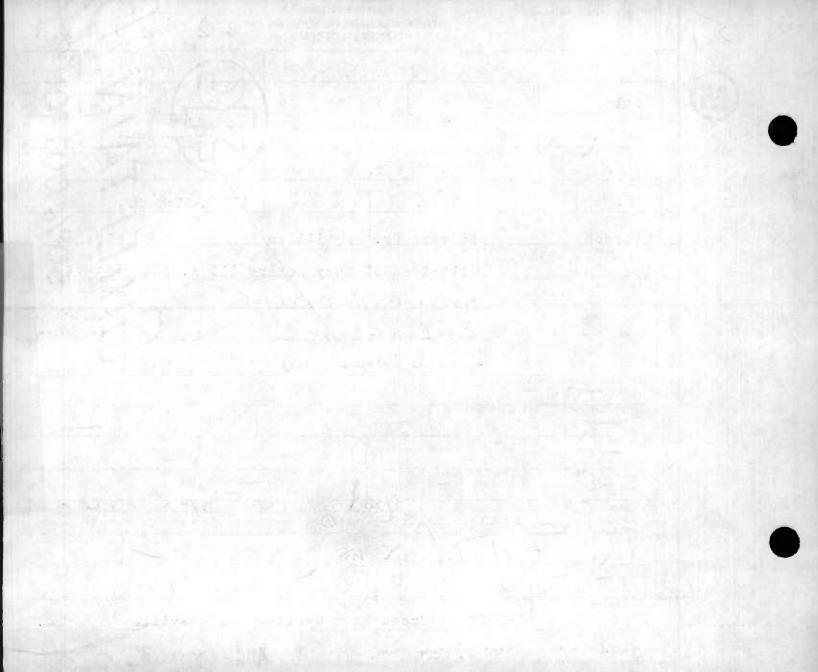
## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2a. DATE OF DEATH MONTH DAY YEAR 7b HOUR TYPE OR PRINT JOHN SIEMINSKI 10:2QA AUGUST 3, 1982 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HAS TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED 1), NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL RALTIMORE TYPE OF WORK FOR MOST OF WORKING LIFE) CORK + SEAL LIGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD EAST POINT WYNBROOK RD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 17 INFORMANT (IF YES GIVE WAR OR DATES) A BOUF SIEMINSKI BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Large void leson IMMEDIATE CAUSE (0)\_ Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO I 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21f. LOCATION ö 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM ETC ! STREET STATE NOT WHILE 270 I certify that (I) (this hospital) attended the deceased from 82, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on\_ above, (1) (we) (did) (did not) view the body after death 22h. SIGNATURE DEGREE 22c DATESIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be SULMAST 23a. 8URIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION STATE ST. STANIS LAV DHMH - 16 50M 1/81 (VRA 15, 4) MACE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME TYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR DEC. 27, 1906 FEMALE WHITE 75 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CIT MARYLAND USA DIVORCED [ WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS AT HOME BALTIMORE NORTH CHARLES GEN. HOSP. HOUSEWIFE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #21215 130. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 36. STREET ADDRESS LA. MARYLAND BALTIMORE YES XX APT. 809 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MEYERS MORRIS **JOHNSON** MOLLYE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT JEROME SILBPOER APT. 809 3601 CLARKS LA. BALTO., MD 21215 PATTURE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: CONGESTIVE W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF SCIEROTIC CARDIO -TERIO gove rise to immediate couse (a), stating the ASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION NONS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygien 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY 220.1 certify that (1) (this hospital) attended, the deceased from\_ sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT the p MPORT TIMIS RE IMC 230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL AUG. 18, 1982 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHIZUK AMUNO BALTIMORE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO., MD 21215



	0 8/11/82 ph	STATE OF MARYLAND		
5 - FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 %	2088
I. DECEASED NAME	FIRST MIDDLE	LAST	REG. NO.	NIH DAY YEAR 26 HOUR
m = (TYPE OR PRINT)	ernon Silve	(Silver) Tr		1000
3. SEX	ernon Silve	rs (Silver), Jr.	6 AGE (IN YEARS LAST BIRTHDAY	1 82
Male				Y) IF UNDER I YEAR IF UNDER 2
7 1	Black			YRS.
BIRTHPLACE (STATE O		OUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
Md.	USA	WIDOWED DIVORCED		e City
10 CITY OR TOWN OF DE		L, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINES
Balto.		. 21st St.	(TYPE OF WORK FOR MOST OF WOR	PRKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NU	RSING HOME OR OTHER INSTITUTION, GIVE RESIDENTED TO THE RESIDENT TO THE RESIDE	PENCE BEFORE ADMISSION) YOR TOWN 134 INSIDE CITY LIMI	CO 112. CIDEET ADDRESS	
Md.	Ba	1to. YES X NO	319 E. 21st	- St.
14 FATHER'S NAME		15. MOTHER'S MAIDE		
FIRST	WIDDLE	EAST	WIDDLE	LAST
Vernon Vernon		vers Sr. Lilli	ADDRESS	France
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			
Yes		3-28-8607 Lucy Ro	gers 319 E. 2	1st Street
18 CAUSE OF DEA	TH (Enter only one cause per line for ) WAS CAUSED BY	a), (b), and (c)		APPROXIMATE INTER BETWEEN ONSET AND
PARTI. DEATH	IMMEDIATE CAUSE (a)	POXIA, RESP AN	REST	
1629	DUE TO, OR AS A C			SEVENI
Conditions, if on		- LUNG		wows
gove rise to in	nmediote			,
couse oi, stat	DOL TO, ON AC			
0 0				
PART 2 OTHER SIG	MIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
CERTIFICATION  CERTIF	ATION 196 CONDITION FO	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	LIF YES, WERE FINDINGS USED
a × 9 Si			IN	CERTIFYING CAUSES OF DEAT
2 Ja. ACCIDENT WAS U	NDERLYING 7 216, TIME OF INJURY	121. HOW IN HIDY O	YES NO	YES NO
		NTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)
The street of th		19		
214 INJURY OCCU	LAT HOME STREET FACTO	RY 211. LOCATION STREET	CITY OR TOWN	COUNTY
WHILE NOT V	VHILE			
220.1 certify that	his hospital) attended the decease	ed from 7/20 19_	82 to 7/22	- 19 5 2 tho (1)
sow the deceo	sed olive on 7/22	19 Cond that in (my) (our) op	inion death accurred on the date or	nd hour and from the causes sto
	(did) (did not) view the body ofter dec	DEGREE		224. DATE SIGNED
= =	+1.	1) ATTENDIN	NG _ MEDICAL _ STAFF	
ZZd PHYSICIAN'S N	and 11. 1	PHYSICIA 220 ADDRESS	AN DIRECTOR PHYSICIAN	
ZIG PHISICIANS!			. ,	/
TAN ATTENDED TO THE PROPERTY OF THE PROPERTY O	1 PIETRO			tosp.
230 DONIAL, CREMATION		23c. NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY ST
BURIAL	8-5-82	Crest Lawn Ceme		
24 FUNERAL DIRECTOR				
1/81 NAME		ADDRESS 250	DATE REC'D. BY REGISTRAR 256 R	REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-V . DEATH MATED Simms Anna LSEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 0:47 Female White 85 Aug. 26 1896 DEAD 82 19 76 CITIZEN OF WHAT COUNTRY? a BIRTHIPLACE INTAME OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED 44 DIVORCED Baltimore City IE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
HOUSewife OR INDUSTRY 5638 Woodmont Avenue Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Maryland 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13. SIREET ADDRESS 5638 Woodmont Ave. YEST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Alveu Neilson Mary PERMIT, PAGES I 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 216-01-2826 Bonnie A. Kirkpatrick 4708 Anntana Ave. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED, 20 AUTOPSY? DEPARTMENT OF YES [ NO X WRITE WARDED TO I. C 3 SHOULD B 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [X] 22a I certify that I took sharing at the rema Autopsy Inspection and in my apinian Undetermined manner death resulted from red couses. X Homicide TITLE (SPECIFY) ACTUAL 8/5/82 Deputy ChiefMEDICAL EXAMINER DATE SIGNATURE SIGNED EXAMINER'S NAME Balto., MD. Thomas D. Smith, M.D. III Penn St. PAGE TO FE (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Aug. 9,1982 Baltimore Baltimore National Maruland 24. FUNERAL DIRECTOR 250. DATE REC'D\_BY REGISTRAR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryaand (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE | - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR TYPE OF PRINTS Frieda August 3. SIMPSON 10:41 M IF UNDER 1 YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Housewife WORKING LIFE 6811 Campfield Road Gerwig 21207 Augsburg Luthern Home 6811 Campfield Rd IMMEDIATE CAUSE A Gangrene of small bowel, to discrete of small bowel with Adenocarcinoma of rectosigmoid colon, with pericolonic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE August .19\_\_\_82\_, and that in **X**(y) (aur) apinion death accurred on the date and haur and fram the causes stated 22c DATE SIGNED 8/3/82 DIRECTOR PHYSICIAN c/o Maryland General Hospital

Baltimore Cem

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR HArry H Witzke 4112 ColumbiaRd Ellicott City

Aug. 6, 1982

Baltimore Maryland

AUG - 61982

250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINT Frank Slaysman 1987 8:25 Hug 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) DAYS Male White 68 1914 Aug BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH CHESINGHOME OF STHER INSTITUTION Thsurance Broker Retired Baltimore BALTIMORE, MARYLAND 2120 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Rosedale 1207 North 63rd St NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE XKKXMKX William A Slaysman Margaret Powers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 11 212-07-4762 Mrs Hulda M Slaysman Same Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Minutes IMMEDIATE CAUSE 10: hronic Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 20 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) rked NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF Aug 14, 1982 PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 224 PHYSICIAN'S NAME PER OR PRINT 22e. ADDRESS ould b Battimore Blair J. Andrew 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Baltimore, Maryland Burial 8/17/72 Gardens Of Faith 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VRA 15(4)) Leonard J Ruck Inc. Baltimore, Maruland

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKITE	ICAIE OF DEATH	REG. N	10.		
		CEASED NAME HENRY	Z Z	CHARLES		SLITZER	20. DATE OF DEATH  AUGUST	-	DAY YEAR 1982	26. HOUR / 2:46 PM
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
)		MALE	WHIT	Е	Nov.	22, PA 1917 YEAR	64	YRS	MONTHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN	U.S.	VHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY 9 BALTIMORE	_		MD.
9	E	TY OR TOWN OF DEATH  BALTIMORE	NORT	H CHARLES	DORESS) GEN	ROTHER INSTITUTION L HOSPITAL	IZE USUAL OCCUPAT (TYPE OF WORK FOR MOST INSPECTOR	OF WORKING	INDUSTRY	GOV T.
5	13a N	AL RESIDENCE (IF NURSING IARYLAND		BOWLEYS (		13d. INSIDE CITY LIMITS?	3733 CLAR	KS PO	INT RD.	21220
2	14 FA	THER'S NAME HENRY	JOHN	SLITZEF	2	15. MOTHER'S MAIDEN NAM	AE MIDDLE	2	BISCO	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDR	ESS		
de la			I	212.03.4	1097	DOROTHEA C,	SLITZER (W	IFE)	(SAME AS	S 13e)
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		270   certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not 27b. SIGNATURE	view the bady of	after death.	2 , ar	DEGREE ATTENDING	death occurred an the c	lote and ha	our and fram the	-
		22d. PHYSICIAN'S NAME (TYPEO	RPRINT)			PHYSICIAN [ 226 ADDRESS N. CHARLES	GEN. HO			B-12 (27)
		BURIAL, CREMATION, REMOVAL REMATION	23b. DATE 10/18/			EMETERY OR CREMATORY  OUNT CREMATOR	23d LOCATION CITY OF TOWN BALTI	MORE	COUNTY	ARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC. DUNDALK MD

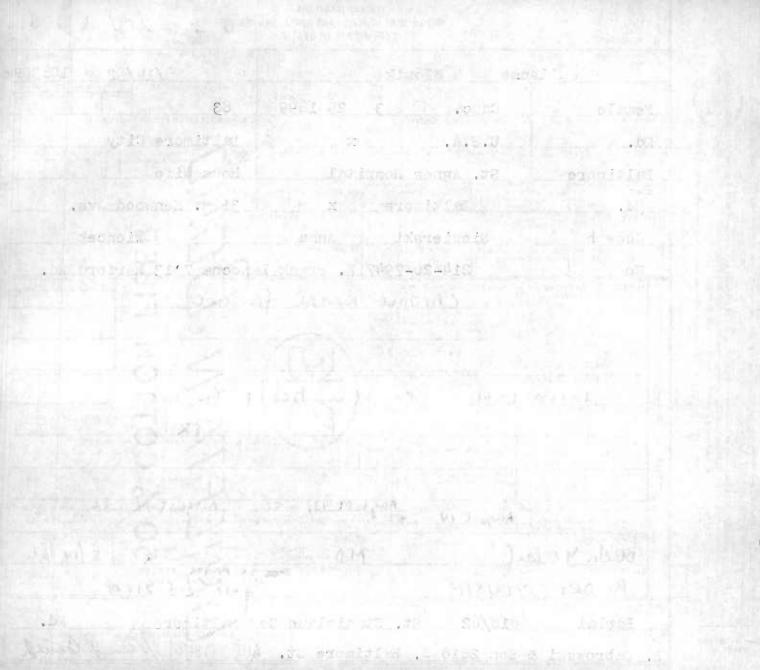
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		y, 0		PART 2. OTHER SIGNIF	ICANT CO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DI	ISEASE OR CONI	DITION GIVE	N IN PART 1/a	
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	or or Af	e e		220.1 certify that (I) (	nis hospito	1) offeaded the	deceased fro	om 71	0/82 10	to.	8/1	10	82.	hot (I) (we) last
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	ohe She	3 <	23a E	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF C	METERY OR CREMATO	RY 236	LOCATION			
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	DHMH - 16 50M	1/81	24 FI	INERAL DIRECTOR JC	seph		s Son	s. Inc.	25a.	1	BY REGISTRAR		AR'SISIGNATI	SRED TELLIA
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		REGISTRAR		CERTIFICATE OF DE	ATH REG. N	0.	
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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ou B	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	THOAY) IF UNDER 1 YEAR	
4 ( [64] )		Female	Cauc.	3 29 18	399 88	YRS.	HOURS MIN.
Pog.	To. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY O	R COUNTY OF DEATH	
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b a state of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHER INSTIT	UTION 12a. USUAL OCCUPAT	ION 126, KIND	OF BUSINESS OR
\$ \$3 W	1	Baltimore	St. Arnes	Hospital	Housewi		
5 1 1	USU	AL RESIDENCE (IF NURSING HOME!	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		16	
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sho sho	14. E.	ATHER'S NAME	The T O T I	IS. MOTHER'S A	AAIDEN NAME	enwood Ave	-
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you ding	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORA	AED 20a AUNOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
he los in hos it per					YES NO	YES 🗌	NO 🗌
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TO HOSPITAL retained by th TO FUNERAL should be detr with the State IMPORTANT: I	-	DCDKI	YOUSIF		BALL MO	21229	
oi	230.	BURIAL, CREMATION, REMOVA (SPECIFY)		31. NAME OF CEMETERY OR CR	CITY OR TOWN	COUNTY	STATE
BP		Burial	81/8/82	St. Stanisla			Md.
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	ADDRE	ss	25a. DATE REC'D. BY REGISTRAF	29h PENSTRAR'S SIGNA	Caral
(VRA 15, 4)	R	Dahrowski	& Son 2818 E	Baltimore	st. AUG 201982	10 miles	wance



		1/			STATE OF MARYLAND			
C. 100.23	100	10	FOR 1 - STATE	DEPA	RTMENT OF HEALTH AND MENTAL H	GIENE 8 2 2	0 8 8	9
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
4 1 4 .	W.		I. DECEASED NAME FIRST	WIODIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HC	OUR
1	8.5	7	MABEL	P.	SLOWIKOWSKI	AUGUST 14,198	32 10	. OOA
	6.8		3. SEX Female	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UND	DER 24 HRS
3			MMXXX	XREMAXE	Feb. 22, 1908	74 YRS	MONTHS DAYS HOURS	5 MIN
	则可	ei L	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Eureka,	76. CITIZEN OF WHAT COUNT		RAITIMORE CITY OR COUNTY	OFDEATH	
No.	25	190	N.Carolina	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	rπv	MO
ě	e f	ped	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSI	NESS OR
	by th	33	BALTIMORE	THE JOHNS H	HOPKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LII  Housewife	FE) INDUSTRY	
STAND 2120	e a	-	USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)			
2	Filled	# S	Maryland	JNTY 136 CHY OR T	NOTE YES X NO T	431 S. Durham S	treet 21231	1
¥-1 #	Se - al	ine	14. FATHER'S NAME		15. MOTHER'S MAIDEN N			
MAN M	ple	2500	John J	MIODLE LAST	Mary	Lee	Bailey	
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Š.	500	medico		246-26		Slowikowski,431 S	Dumban St	21 23
TI S	ers. F	he n				STOMIKOWSKI, 4)I B		
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12 10 3	3	c ev	477 IMMEDIA	ATE CAUSE (a)	pulmonary ARR	657	8/14/1	87
5 O 5	63 63	mot o	1210	DUE TO, OR AS A CONSE	OUENCE OF OVARIAN CA	Reinoma	6/82	
e de	e off	troum	Conditions, if ony, which gove rise to immediate	(b) KECUZI	ENT COMETAN CI	wcluowy.	0/02	
× + + + + + + + + + + + + + + + + + + +	y th	other other	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE			2120	
قِ سَةِ	ed b	or o		(a) STAGE	IIL MACROMETAS			
DS, :	sign hen (	bu y	Z PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)	
0 0	een	ior i	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	18h CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS US	
REG lov	os b	0 0 D	F IN DATE OF OFERATION	170 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEA	ATH?
M H	sicion ste h	Hygiene 18 shows	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INTURY OCCU	YES NO YE		
N N	physici tificate I-transi	18 m			DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
Sic Sic	Cer Cer	or Her	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOT IFY MEDICAL EXAMINI  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211. LOCATION			
ISIO HA	he b	o po		(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
DIVISIO ING P	Afte of	ofth one morked	AT WORK AT WORK		MUGUST 2 10 R	the state of		
L C	T US	Hed	saw the deceased alive o	pital) attended the deceosed fra	6.0	,	19_6_, that (I)	(we) last
ATA	ed fo	m 2	above, (l) (we) (did) (did n	not) view the body after death.		n death occurred on the date and how		
S. S.	DIR oche	Dept.	N = 0	90 A / A A	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED	
ITAL	RAL det	Z Z	THE PHYSICIANS NAME CTYPE		PHYSICIAN	DIRECTOR PHYSICIAN	18/14/8	7_
HOSPI	P P P	RTA			22e ADDRESS			
5	TO FUN should b	with the Stote	STANFORD 1	L. WALKER, M.	D. 660 N. WDL:	FE ST. BALTO., N	ID. 21205	1,-,-1
	5 - 0		23a BURIAL, CREMATION, REMOVA	L 23h. DATE 2	RENAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
20	BP	- 13	Burial	Aug. 17, 1982	Oak Lawn Cemetery	Baltimore, Con	unty Maryla	and
DHA	NH- 16 50/	45	24 FUNERAL DIRECTOR	AODRES	ŽŠa D	ATE REC'D. BY REGISTRAR 250 REGIST	RAR'S SIGNATURE	4
	(VRA 15,	4)	M.F. Sadowski & So	ons.1808Eastern	Avenue 21231 AU	3101982 John	- want	A.

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O'TH.	1.56	X	4. RACE	5. DATE O			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
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971	Va. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	D MEVER MA	ARRIED T	9. BALTIMORE CI	Y OR COUNTY	OF DEATH	
0		Penna.	U.S.A.	WIDOWE	DO DIV	ORCED [	Baltim	nore Cit	ty	A
21	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	NURSING HOME ( VE STREET ADDRESS)	OR OTHER INSTIT	TUTION	12a USUAL OCCU		12b. KIND (	OF BUSINESS O
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Do	14. F.	ATHER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S	MAIDEN NAI	ME	LE	L/	AST
3/1	4_			mall	Harr				Underv	wood
dico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	IVE WAR OR DATES)	AL SECURITY NO.	17. INFORMAN			DDRESS		
e med		No	578-	01-2492	Richa	rd L.	Small	Rocks	y Rive	r,Ohio
t, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a),	(b), and (c),			,		BETWEEN	XIMATE INTERVAL
ever			ATE CAUSE (0) LOSE	beal 4	Huc	fron			30	ause/
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000		Conditions, if ony, which gave rise to immediate	( b) Clerke	rispelle	ofre C	1 De	une!		5+	Jeans.
her t		cause (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF					0	
or of	13	underlying cause lost	(c)							
lury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	10
ior to	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR	WINGH OPENATIO	NAME OF DECOM		20a AUTOPSY?	Lant IEVEC	WEDE SINIO	
ne pr	/ E	- DATE OF OFERATION	178 CONDITION FOR	WHICH OPERAÇIO	IN WAS PERFOR	WED		IN CERTIF	YING CAUSES	S OF DEATH?
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8 4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	1	OKT OCCORP	LED (ENSER NATURE OF	INJURY IN HEW 18 PA	ART T OR PART 2)	
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Popa	MEC	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	STREET	52 (1)	CITY	OR TOWN	COUNTY	STATE
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2		220.1 certify that (I) (this has	- A	10 4	debatio (TW)	. 19 77	death occurred on the			, that (I) (we) lo
m 2	100	above, (I) (we) (did (did n 22b, SIGNATURE	n	1,		opinion (	death occurred on th	e dote ond nour		
# He		120. SIGNATURE	17/00	Sant	DEGREE AT	TENDING	MEDICAL	STAFF		ESIGNED
IMPORTANT:	-	frederick	- doller	V, MA	PH	YSICIAN E	DIRECTOR   PH	YSICIAN [	8-0	21-82
RTA		22d. PHYSICIAN'S NAME (TYPE	PRINT		22e. ADDRESS	_//	2 7			
S L		FREDERICK	V. VOLLME	R M.D.			CRO B	ALTIME	PREML	121212
2	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CR	REMATORY	23d. LOCATION	N	COUNTY	STATE
_		Burial	8-23-82	Meadow	v Mem		Balto.	How	ard	Md.
1/82	24 F	UNERAL DIRECTOR	Af	DORESS		25a DAT	E REC'D. BY REGIST	RAR 256. RECISTI	RAR'S SIGNA	TURE
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STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

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230. BURIAL CREMATION, REMOVAL

BUNGAL

231. NAME OF CEMETERY OR CREMATORY

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TO BE SELECT TO SELECT THE PROPERTY OF THE SELECT TO SELECT THE SE Mare Bleck 1 - 10 420 62 CHANTE ME WERE LEEK Sattemark St. Age 140 140 Sakasa along of a construction of the said yes way seed the Bearing Succession of Busin First Address - Commercial and The answer of the first of the second the second the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ANDREW 8-2 10 3. SEX & AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED [ BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORDING SIFE DRailroad Foreman OR MARYLAND THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Howard EUL CITY 8-075 OLD MENTEONEY RD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME late John H. Smith Sr. late Alice E Leighter BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN (IF YES GIVE WAR OR GATES) Mrs Olga Smith 8075 Old MontgomeryRd 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION NONY 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED E/a 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH, DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INILIRY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from AD 6 .19\_\_\_\_\_\_\_, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated sow the deceased alive an. abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED be deta e State PHYSICIAN MPORTANT DIRECTOR PHYSICIAN by 72e ADDRESS ould b 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY Aug 13,1982 Howard, Maryland Burial Meadowridge CITY OR TOWN BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 30 REGISTRAR'S SIC DHMH - 16 50M 1/81 Harry "HWitzke 4112 ColumbiaRd" Filicott City (VRA 15, 4)

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STATE OF MARYLAND

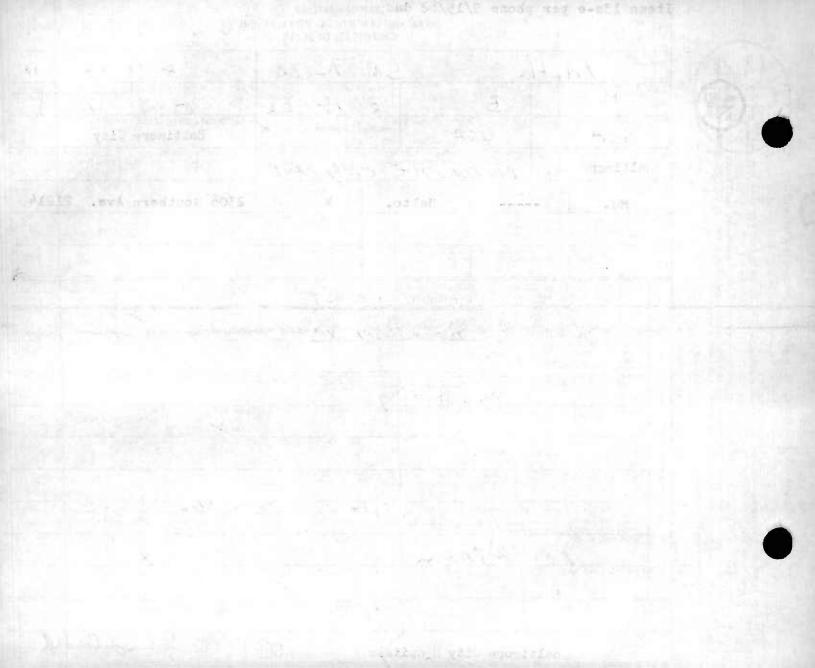
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

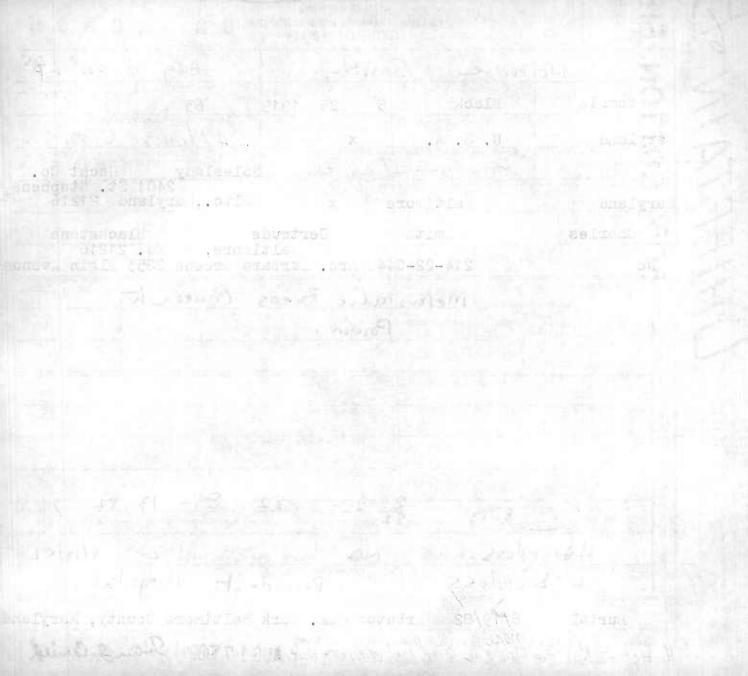
2		REGISTRAR				CERTII	ICATE OF DEATH		REC	NO.			
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	3. SEX	(		4. RACE		5. DATE		6. AC	GE (IN YEARS LAS	T BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
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5		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9. B	ALTIMORE CIT	Y OR CO	UNTY O	FDEATH	
9		Maryland		US	5A	WIDOW			BALTIM	ORE	CIT	Y	MD.
1	0 C1	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION		USUAL OCCUI				OF BUSINESS OR
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1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN		MIDD	LE		LAS	ST
U			les E				Cora	M.	Hedr	ick			
/		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SEC		17 INFORMANT			DRESS			
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	7	5/15		DUE TO, OF	R AS A CONSEQU	JENCE OF					100		
3.4		Canditians, if any,		(b)	ascile	V				100	Sie		
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7		underlying cause	lost.	(c)	End S	telle	currhoses			1547			
8	2	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR C	ONDITIO	N GIVEN	IN PART 1	0
	CERTIFICATION	len	-al	failure		- 0000-	metria	Tar	- AUTORSY3	1201	IE VEC VA	/EDE EINIDH	NGC USES
2	FICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIC	N WAS PERFORMED		a AUTOPSY?	IN	CERTIFYIN	VERE FINDI	OF DEATH?
	ERTI	21a. ACCIDENT WAS UND	SERIVING F	7 21b. TIME O	E MITTER		21c. HOW INJURY OCC		ES NO		YES [		NO []
1		OR CONTRIBUTING	_		M. MONTH D	AY YEAR	ZIL HOW INJOK! OCC	LUKKED (	ENTER NATURE OF	INJURY IN II	EM 18 PARI	1 OR PART 2)	
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П		saw the decease	ed alive or		19_	52.0	nd that in (my) (our) opini	ian death	occurred an th	ne date a	nd hour or	nd from the	causes stoted
		obove, (1) (we) (d	did) (did no	at) view the bady	after death.		DEGREE					22c. DATE	
		Dre	UR.	andiell		140	PhD ATTENDING	G ME	EDICAL PH	STAFF			
7		22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)		V ()	22e ADDRESS	4 🔲 🗷	LCTOK [] TII	TSICIAIN			
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111	23a. B	BURIAL, CREMATION,				NAME OF (	CEMETERY OR CREMATOR		3d. LOCATION		<u> </u>		
		Burial					Sbury Cemete		Shrews			rk Co	Pa.
	24 FL	JNERAL DIRECTOR		, , ,			750	DAME REC	D. BY REGIST	RAR 256. F	STRA	R'S SIGNAT	TUBE.
		Burgee Fur	leral	Home 3	631 Fall	.s Roa	d 21211	VIIC	- A 192	7	- P.	·	Cahrelk

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death. Po		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		MARRIEI	NEVER MARRIED	Baltimore city o	RCOUNTY OF Ci		MD.
s offer of the full of the ful	1	Baltimore	BAL P	TMOTE C	PRESS)	CTUS MODP	2a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON IF WORKING LIFE) IN	b. KIND OF B IDUSTRY	BUSINESS OR
LAND 213	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	13c CITY OR TOWN Balto	OMISSION)	138 INSIDE CITY LIMITS?	3. SIREEL ADDRESS Sout	hern Av	re. 2	1214
L. MARYLL	14. F/	ATHER'S NAME FIRST	MIDOLE	LAST		15 MOTHER'S MAIDEN NAMI FIRST	MIDDLE		LAST	
BALTIMORE, cate be execut to be execut appers. Pages 1 vol. (1, the medical.)		VAS DECEASED EVER IN U.S. ( YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURIT	TY NO.	17 INFORMANT	ADDRE	SS		TEN.
, 201 W. PRESTON ST., res that the death certific med by the attending phyplease remove carbon provinal, crematian, ar rema	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	SED BY ATE CAUSE (a)  DUE TO, O  DUE TO. O  (c)	CARDIAC RAS A CONSEQUENT RAS A CONSEQUENT	CE OF	X X3	I AL DISEASE OR CONI	DITION GIVEN IN		IE INTERVAL SET AND DEATH
TAL RECORDS. The law requiricion. Is permit There is green prior to be shown on the shows only injury.	MEDICAL CERTIFICATION	19α DATE OF OPERATION	196 COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
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P/3 OBP		LINERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAN			E.A.
(VR A 15 (4) )		Bal	timore C	ity H spit	als	SEP	1 4 1905 0			0 1





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	1-	FOR STATE		DEPARTM		AND MENTAL HY	GIENE 8 2	2	0	8	4
		REGISTRAR			CERTIFICATI						
		CEASED NAME FIRST	WIE	DDLE	LAST		20. DATE OF DEATH		DAY	YEAR	25 HOU
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E. P. VELEY ARE LONG TO THE CONTROL OF

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1				STAT	E OF MARYLAND					
3	FOR STATE REGISTE	₹AR		DEF	CERTIF	EALTH AND MENTAL		3 2 REG. NO	2 (	8 (	98
	1 DECEASED N	AME FIRST		WIDDLE		AST	20 DA	TE OF DEATH M	NONTH DAY	YEAR	26 HOUR
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18.00	3 SEX		4 RACE		5. DATE C			( IN YEARS LAST BIRTH		INDER 1 YEAR	IF UNDER 24 HRS
( ) ( ) ( )	FEN	IALE	WHI	TE	7	19 83	3	99	YRS	THS DAYS	HOURS MIN.
THE WAY	BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALT	IMORE CITY OR	COUNTY OF	DEATH	
1 00	1/1/	REINIA	US	A	WIDOWE			Baltimo	ore Ci	ty	MD.
1 1 10	10 CITY OR TO	WN OF DEATH		HOSPITAL, N		OR OTHER INSTITUTION		UAL OCCUPATION		12b. KIND OF	BUSINESS OR
5 5 70	BALTIN	IORC			RSING HO	ME	1 -	OOL TEACH		EDUCAT	LON
2 1 1 2/	SUAL RESIDE	NCE (IF NURSING HOME OF	R OTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMI		REET ADDRESS			
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	14 FATHER'S N	AME RST	MIDDLE	LAS		15 MOTHER'S MAIDE		MIDDLE		LAST	
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that the by the ease re ol, cren		ing cause last	(c)	)	DE O O EN CE O I				11.00		
inec		OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	SEASE OR COND	ITION GIVEN	IN PART 1ra	
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ow re	J 190 DATE	OF OPERATION	196 CONE	OITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED OF DEATH?
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HYS PHYS Indin d Me bur t	<u> </u>	JRY OCCURRED	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	1	COUNTY	STATE
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OR A DIREC DIREC Dept.	22b. SIGN	VATURE	03/		1-10	PEGREE				22c. DATE SI	IGNED
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HOSPITAL ined by the FUNERAL UID be deto in the State ORTANT.	22d. PHY	ACIAN'S NAME (TYPE C	ORPRINT)			22e ADDRESS					
	FRE	DERICKJ	VOLLA	IER. N	MD	6100401	RKRO	BALTI	HORE	MD	21212
Og Og M		REMATION, REMOVAL	23b. DATE			EMETERY OR CREMAT		LOCATION			STATE
77/78P		Burial	8/24/			ncoln Cem.		Brentwo	od, Md	•	
DHMH - 16 50M 1/76	24 FUNERAL D	RECTOR JOSEP	h Gawle	r's So	ns, Inc.	.25	DATE REC'D.	BY REGISTRAR 2	S. PEGISTRAF	S SIGNATU	RE •
(VR A 15 (4) )	7	130 Wisc.	Ave. N.	W. Was	п., п.с.	EL COL	AUG 2	5 1982	Joun	Or car	my.

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## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	IENE 8 2	2	0 8	3 9	9
		CEASED NAME FRIST E OR PRINT)  Magdale  X  6	PRACE	Sm.		20. DATE OF DEATH		VEAR UNDER L YEAR NINS DAYS	2b. HOU IF UNDER	A M
	7a BI	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT	COUNTRY? 8	-4-15	9 BALTIMORE CITY	YRS YRS	EDEATH		
3		Canada	U.S.	MARRIE	D NEVER MARRIED DIVORCED	Ci	k)	DEATT		MD
0	10 CI	Balto.	1. NAME OF HOSPIT (IF NOT IN SUCH FACILITY		PROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	-	126 KIND O INDUSTRY		
5	13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Md. Cit		TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4233 6	ed Fre	ederi	icke	es.
C	14 FA	ATHER'S NAME FIRST MI	DOLE	James	15. MOTHER'S MAIDEN NAM	AL MIDOLE	Sall	kowski	ST	
/		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	B-03-4175	17 INFORMANT	ADDR 42 mith Bal				Rd.
		18 CAUSE OF DEATH IEnter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	CAUSE (o) CAF	CONSEQUENCE OF	MONARY A	RREST s, GI BU	FEDING		2 day	
		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	ENIC CAR	CINOMA		15	- mth	1
	NOI	PART 2 OTHER SIGNIFICANT CO	inditions <u>contrib</u>	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART I	0'	7(4)
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	206 IF YES, VIN CERTIFYIN	VERE FINDING CAUSES	NGS USED OF DEATH	H?
1	EDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	P.M.	ONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18. PART	ORPART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	URY FORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	51	TATE
		27a-1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)			, 19	eoth occurred on the d		nd from the		
		Philip /	M dame		ATTENDING PHYSICIAN	MEDICAL STA		08-	SIGNED	2
		22d. PHYSICIAN'S NAME (APEORE PHILIP	M LAM		ST. AGNES	HOSPITAL	, BALTI	MORE	, Mî	)
		Removal  Removal	236 DATE 8/1/82	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		YINUO	\$1	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
NAME
Anatomy Board

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRARS SIGNATURE
AUG 4 1982 Chances

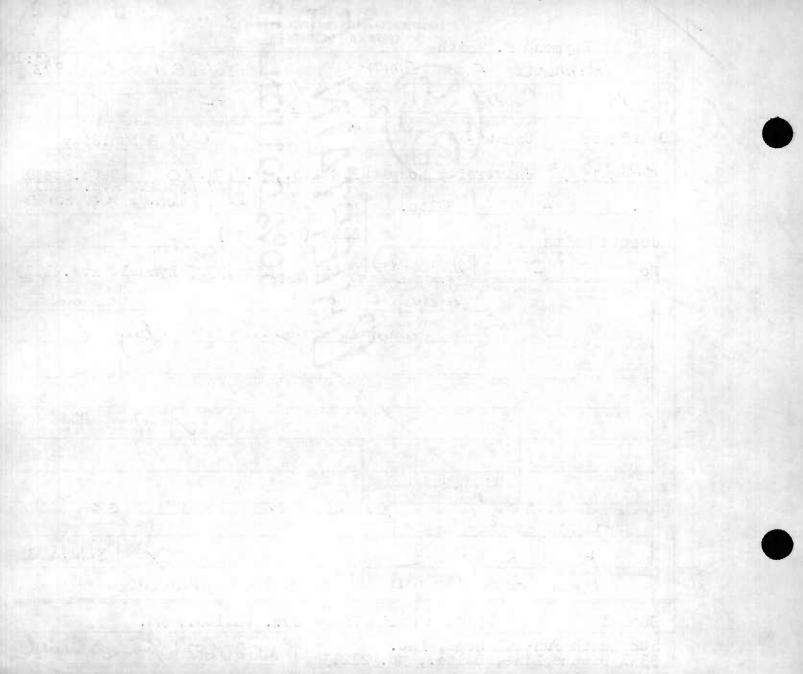
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STATE OF MARYLAND

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STATE OF MARYLAND

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Windsor Mill Rd

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2g DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1/1261 AM Leonard 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I VEAR IF UNDER 24 HRS MONTH DAY YEAR BLACK 12 02 STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE North Carolina WIDOWED DIVORCED [ III. CITY OR LOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUD OF FORMS FOR MOST OF WORKING LIFE Computer Cen. ALTIMORE ERC HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STREET ADDRES Baltimore, Maryland 136 COUNTY BALTIMORE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST. MIDDLE ARRIFE SM MIH CRALIFORD 17 INFORMANTBaltimore. ADDRESS Maryland 21216 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. YES NO OR UNKNOWN) WW 11 Mrs. Lucille Johnson 2322 Braddish APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-FAILURE ORGAM MAMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CANCER DING DIVISION OF VITAL RECORDS, 201 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CANCER -UMG NOF NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 82 sow the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obave. (1) (we) (did) (did we view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, MD GUILLERMO 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BP. Burial rbutus Mem. Park Baltimore County, Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

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- STATE

TYPE OR PRINTE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 25 HOUR

AUGUST 1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 53 YRS BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFF)

CASHIER DRUG FAIR, INC. 13e STREET ADDRESS

2634 VIRGINIA AVENUE, 21227 WIDDLE

DICOCCO ADDRESS

LORAINE R. SNYDER 2634 VIRGINIA AVENUE

use per line for (a), (b), and (c)	BETWEEN ONSET AND DEATH
(a)	
TO, OR AS A CONSEQUENCE OF mentheliona Stage &	V
TO, OR AS A CONSEQUENCE OF	
(c)	

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

YES [ 216. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN COUNTY

7. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

23d LOCATION

MEADOWRIDGE MEM. PARK ELKRIDGE HOWARD BURIAL 08 - 13 - 8224 FUNERAL DIRECTOR

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

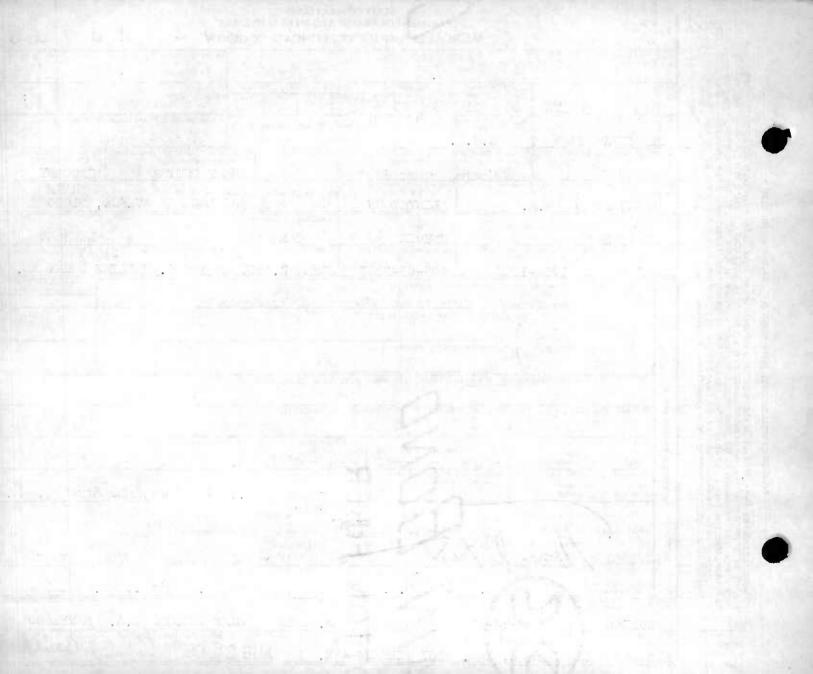
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME ?a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED R. Jerry 8 82 Sommers 10 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR PRONOUNCED 23 DEAD Male. White 12 64 17 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED & FOREIGN COUNTRY) U.S.A. WIDOWED [ DIVORCED Baltimore City. Maryland 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) University Hospital - STU Baltimore Busboy Restaurant USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X 1329 Cambria Street, 21225 Baltimore NO [ Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Sommers Marylou Mvers Gerry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) LUEYES GIVE WAR OR DATES! Gerry Sommers 1329 Cambria St., 21225 220-64-3155 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BLU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR KM MONTH DAY YEAR passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 11:25P.M. 8 15 1982 21e PLACE OF INJURY (AT HOME. TE LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Street Hanover & Potee Sts., Baltimore, Maryland Inspection XX Inquiry ond in my opinion 22a I certify that I taok charge of the remains described above, held on Autopsy Homicide .... Undetermined manner Natural couses Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 8-23-82 SIGNATURE III Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE (SPECIFY) Crest Lawn Mem. Gardens Marriottsville Howard 08-26-82 Burial 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

20M 4/82

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Po di b		John	Sliva	Mary		Maic	cher
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8 A	ysic appe val.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), an			BETWEEN	NONSET AND DEATH
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2	office of the state of the stat	<	AT WORK AT WORK					
0	DIN Or Af		220.1 certify that (K(this haspite	all attended the deceased from	August 26 19 82	August 27	10 82	that X (we) last
	TEN POR TEN THE		220.1 certify that (K(this haspite spw the deceased alive on	August 27		death occurred on the date and I	nous and from th	e course stated
	P 0 5	UB	sow the deceased alive on abave XI) (we) (did) XXXXot)	view the body after death		occurred on the date on a		
	OR A bolkE boched Dept		226. SIGNATURE	+1	DEGREE		22c DAT	727/1982
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	T 1 2 3 4 4 1	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
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	(VRA 15, 4)	J	ohn M. laylor	E Jons - ADDRESS	Naryland AU	0 0 1 1906 100	moto 4	muly:

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(VRA 15, 4)

STATE OF MARYLAND

SPRINGER

13d. INSIDE CITY LIMITS?

17 INFORMANT

Lena

YEAR 5

5. DATE OF BIRTH

REG. NO 2a DATE OF DEATH 2b HOUR 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR ONTHS DATS HOURS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 120 USUAL OCCUPATION 120. USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTIBATAPS CO President Liquors Inc. Rt. 1 Box 248A 21617 15 MOTHER'S MAIDEN NAME MIDDLE Adams ADDRESS Susan C. Springer Rt.1 Box 248A 21617 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH dominal Hortic Averyon CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 19 Community, and that in (my) cour) opinion death accurred on the date and hour and from the causes stated MEDICAL DIRECTOR PHYSICIAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LAST

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

Α.

11. NAME OF HOSPITAL NURSING HOME

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY OFFICE, FARM ETC )

P.M

218 PLACE OF INJURY

Centreville

166 SOCIAL SECURITY NO.

212-10-7598

Springer

Atheroscienos/s

WHICH OPERATION WAS PERFORMED

21f. LOCATION

ATTENDING

PHYSICIAN

JOSEPH

4 RAPE

MIDDLE

R.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and je

IMMEDIATE CAUSE (o),

220.1 certify that (1) (this hospital attended the deceased from

II WW

230 BURIAL, CREMATION, REMOVAL Buria1 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

- STATE

TYPE OR PRINTI

Male BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

SUAL RESIDENCE LIF NURSING HOME

Louis

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying couse lost.

In DATE OF OPERATION

21d INJURY OCCURRED

ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS

Maryland

Baltimore

Marvland FATHER'S NAME

YES

3 SEX

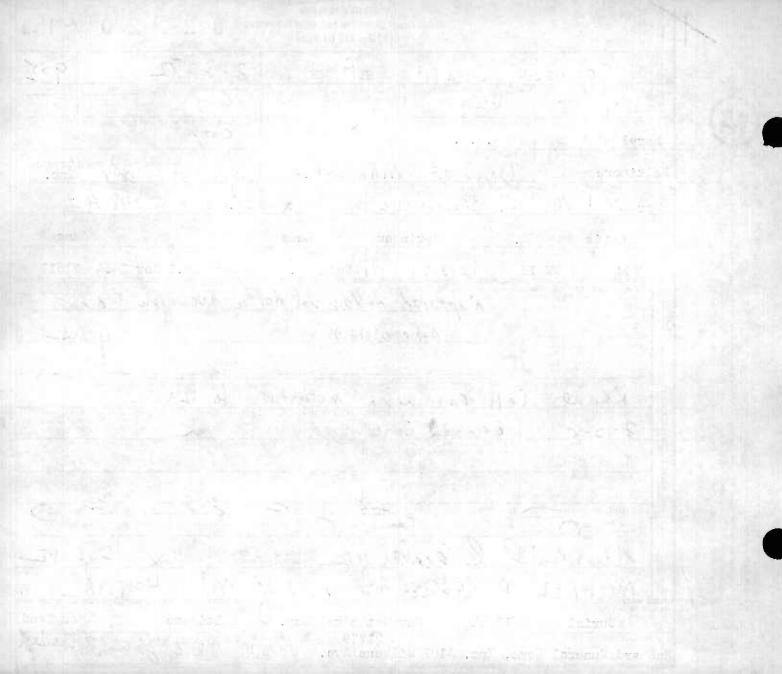
23b. DATE 8/11/82 23c NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

DEGREE

Baltimore

Maryland

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



on bootonerile PISE Part Tatown, Martland 21133 Ed. Buring (8/5/82 Child Pitte German Holly Chors Mitthe Street

		5	1 - STATE REGISTRAR		STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 9 1 3
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9 %0	poge 3 r deoth	8	I DA		DUERRINI	AUGUST 8,198	
e 4 m	ctor. p		Female	White	S DATE OF BIRTH  SOUTH 23 - 16	6. AGE (IN YEARS LAST BIRTHDAY)  6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DATS HOURS MIN.
Groth Po	(M	3	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED  WIDOWED DIVORCED	Baltimore (ity or county Baltimore (	
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LAND 21	of the state of th	3	Md. Bal	or other institution give residence before unity 13c. CITY or town to. City Balto	YES NO NO	136. STREET ADDRESS 135 N. Highla	and Ave
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TIMORE be execu	Poges	1	160 WAS DECEASED EVER IN U.S. A	TIVE WAR OR DATEST	8124 Alfred Squ	aerrini 135 N.	Highland Ave.
IDS, 201 W. PRESTON ST.	signed by the attending p hen please remove carbon to burial, cremation, or rem		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ГОМҮ	minal disease or condition Givi	EN IN PART 110
DIVISION OF VITAL RECOR	of or attending physicion.  OR. After this certificate has been use as the burial-transit permit. Health and Mental Hygiene prior is marked or them 18 Highs any is	7		BLEFDING DOUDE  21b. TIME OF INJURY HOUR A.M. MONTH DA  P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION STREET  19 211 LOCATION 51REET	YES NO NO NO YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 P.  CITY OR TOWN  AUGUST 8	COUNTY STATE
FAL OR ATTE	y the hospite RAL DIRECTO detached for ate Dept. of VT: If them 21		22b. SIGNATURE MT 0	V	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED AUGUST 8, 1982
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21064	P		230 BURIAL, CREMATION, REMOVA (SPECIFY)  Burial		olv Redeemer Ce	Balto	Md .
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	1-	ms 1)4-e per FOR STATE REGISTRAR	DEPART.	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	0 9 1 5
. e .	(TYPE C	ASED NAME FIRST RPRINT) AMPER S	TEVEN MIDDLE	LAST	20. DATE OF DEATH MONTH DA	4.04
4 may	3 SEX	MALE	1. RACE BLACK	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. ON THIS DAYS HOURS MIN.
neral neral	m	HPLACE (STATE OR FOREIGN UNTRY)  ARYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED NO THER INSTITUTION	BALTIMORE (120 USUAL OCCUPATION	OF DEATH  MD.  12b. KIND OF BUSINESS OR
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2 P 2 7	13a. ST	RESIDENCE (IF NURSING HOME)	FOR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 801 No.	we57:21229
MARYLAND ed within 24 mpletely fille and 2 should exorbiter mu		HER'S NAME PICKY	MIDDLE EASTER	15. MOTHER'S MAIDEN NA FIRST ADRIENN	MIDDLE	STAMPER
		AS DECEASED EVER IN U.S. (IF YES. (	ARMED FORCES? GIVE WAR OR DATES)	URITY NO. 17. INFORMANT ADRIENN	E SOIN. WOO BALTIMORE	DINGTON RUE APPROXIMATÉ INTERVAL BET WEEN ONSET AND DEATH
W. PRESTON ST of the deoth certical the ottending p se remove carbon cremotian, or rem other traumotic ev.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	T CONDITIONS CONTRIBUTING TO	ENCE OF ACIDOSIS		2 HRS,
L RECORD In law req on. Nos been s permet. The the prior in	CERTIFICATION	PREMA:		HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The law requires the ratending physician. Wher this certificate has been signed to as the buriel training erms. Then plea the and Mental Hygiene prior to buriel, acked or them 18 thousany injury, or a	CAL	10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH D	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
00 00 8		WHILE NOT WHILE AT WORK  228.1 certify that (1) (this ha	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET  AUG UST 4 19 82	7.10	OUNTY STATE  9 8 2 , that (I) (we) last
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×	- STATE REGISTRAR			CERTIFICATE		REG. N	20	916
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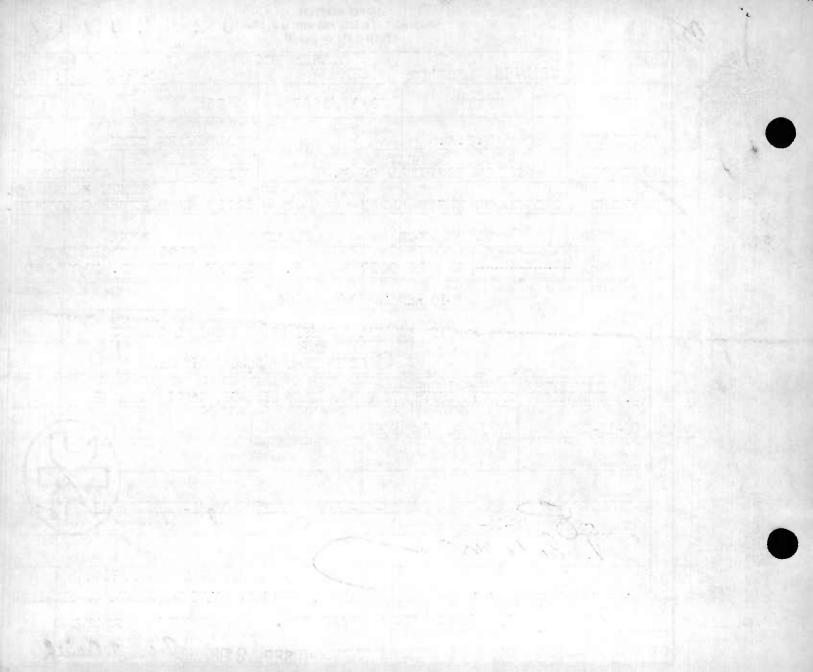
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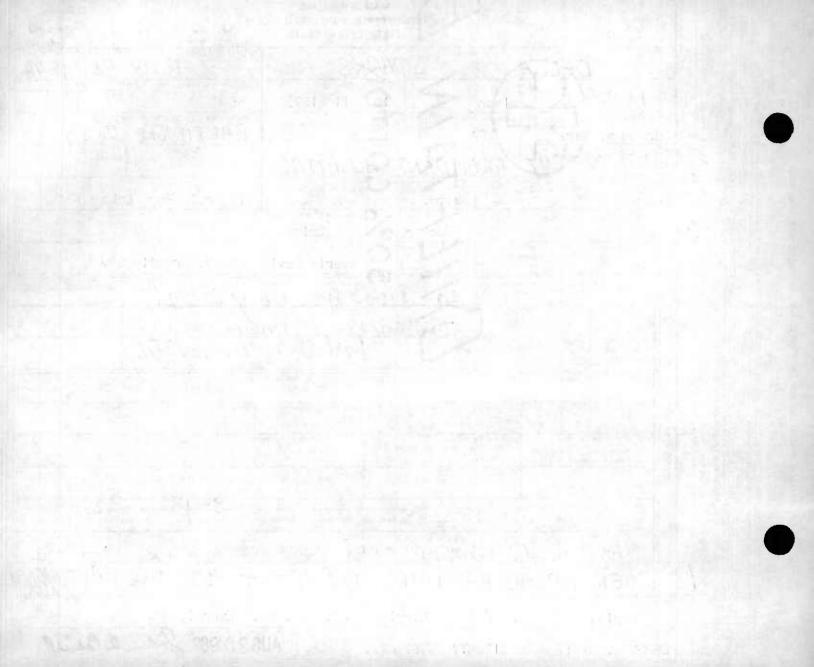
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

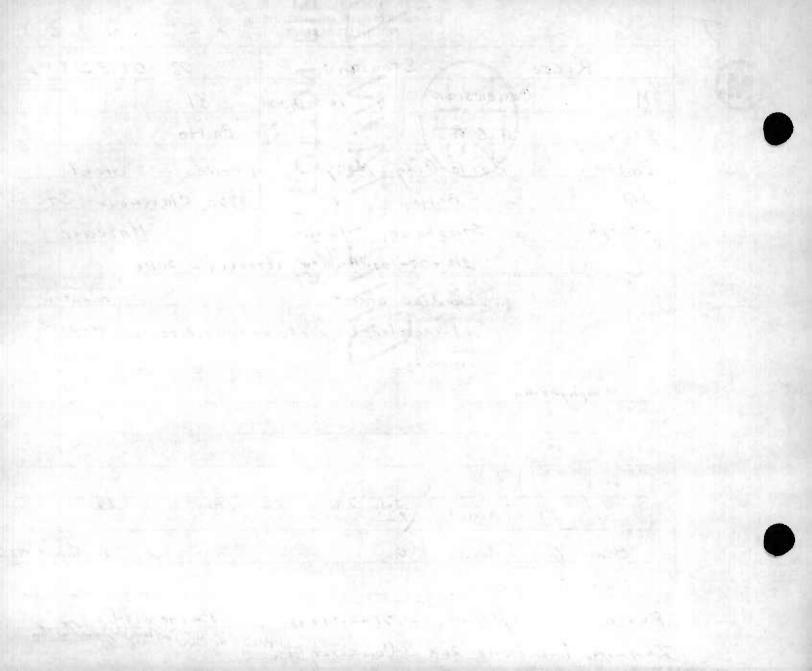


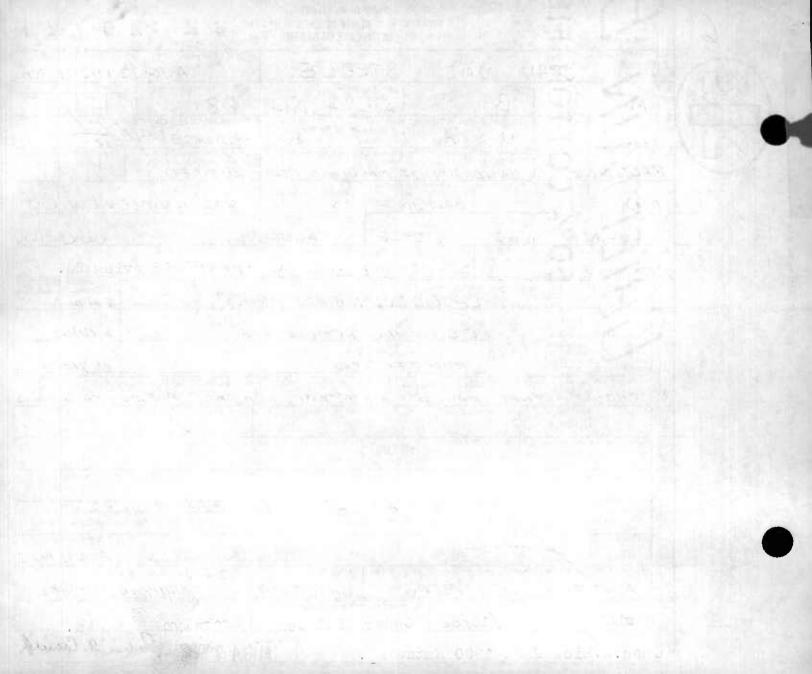
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 70 DATE OF DEATH 26 HOUR TYPE OR PRINTS Stassano Rocco 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE UN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HPS Caucasian DAY 1900 16 TO BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Ba 140 Itah IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 10 stee 1 SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 130 STATE 13h COUNTY 13e. STREET ADDRESS Ba140 Claremount 3920 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Moscato StassaNO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-07-3075 ANDrew Vetrelli -APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and is PART I. DEATH WAS CAUSED BY: minutes IMMEDIATE CAUSE (0) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF therosclerotic cardiovascular disease vears. gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF Tost underlying couse YEALS. smoking PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Rmphysema 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28n ALITOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from July 19 82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MD MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS shauld be Blair 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY ST, STANISLAYS uria DHMH - 16 50M 1/81 FUN. HOME- 263 S. CONKLING ST (VRA 15, 4)





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME MIDDLE DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-Walter Stein DEATH MATED 8 22 1982 14 HOUR P.M 4 RACE 6 AGE (IN YEARS IF UNDER TYR. DAY S. DATE OF BIRTH IE UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1982 DE AD 22 Male 07 74 YRS White 11 19 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Bon Secours Hospital Sales Shoes WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 113h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore NO [ 238 S. Gilmore Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST John Stein Sophia Wortman 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Yes WW 2 216-03-1797 Mr. Leroy P. Stein Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease OR REMOVAL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BUR HEALTH AND AL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED, 28 AUTOPSY? YES [] NO IX ARDED TO THE CA GE 3 SHOULD BE I TE DEPARTMENT ( 201 PRIGR TO BU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21E LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection XX 22a. I certify that I taak charge of the remains described obove, held an Autopsy and in my opinian Inquiry CAECUTE THE CERTIF
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH 18 Natural couses XX Hamicide Undetermined monner Accident TITLE (SPECIFY) 8-23-82 DATE Assistant SIGNATURE EXAMINER'S NAME III Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY STATE (SPECIFY) 8/25/82 Loudon Park Cemetery Baltimore Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Witzke P.A. ADDRESS DHMH - 17 (VR A15 ME (5)) 1630 Edmondson Avenue. Catonsville. Md. 21228

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

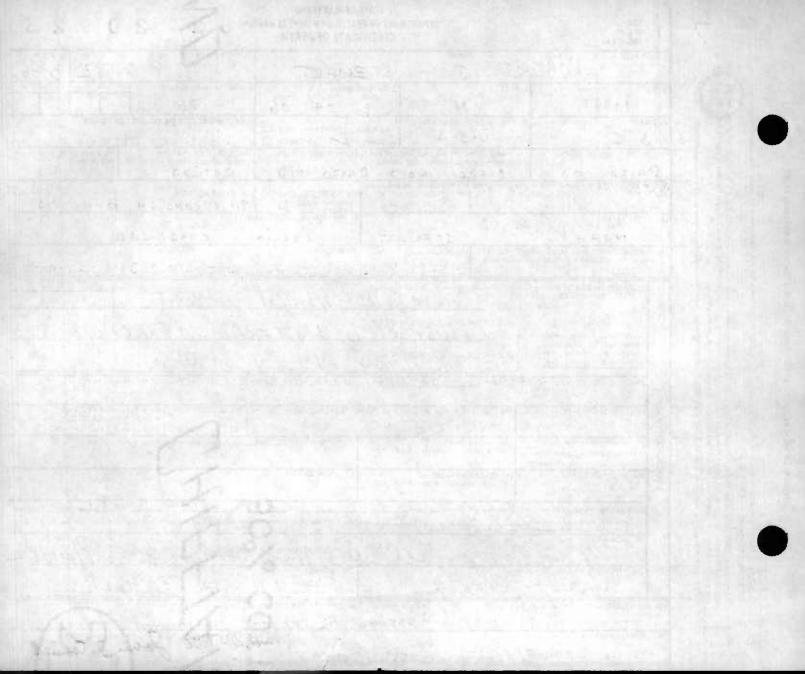
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE OF PHYSICIAN. The law requires that the death certificate be executed this certificate has been signed by the attending physician and cost the burial-transit permit. Then please remove carbon papers. Pages th and Mental Hygiene prior to burial, cremation, or removal and educated at the medical and them 18 shows any injury, or other traumatic event, the medical and the me	2	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
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TTEN TOR: TOR: Tor us		saw the deceased alive an	11) view the bady after death.	and that in the (aur) apinio	an death accurred an the date and haur	and fram the causes stated
NR ATTI hospit iRECTC hed for ept. of Item 21		276. SIGNATURE	01	DEGREE		221. DATE SIGNED,
the Detroit		Mary	E. CAISSI	M ATTENDING	MEDICAL STAFF	8/24/82
HOSPITAL ined by th FUNERAL old be detected to the Store of the store	1	224 PHYSICIAN'S NAME CHEC	DR PRINT)	22. ADDRESS	11 -	
	/	MARYU E	CARROLL	MERCY	HOSPITAL BALTO	MO.
10 6 5 6 3 3 4	2	a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE
104BP		BURTAT.	8/28/82	ardens of Enter		COUNTY STATE
DHMH - 16 50M 4/82	2	I. FUNERAL DIRECTOR		. 2547		AR'S SIGNATURE
(VRA 15, 4)		Wm. C. March	F/H 1101 E.No	rth Avenue	Joan Joan	of landly



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	- STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	<u> «Б.а»</u> О.	9	
	PECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 632
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38	BIRTHPLACE I LATE OR FOREIGN	U.S.A	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		DEATH	MC
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770	mar M	THE INSTITUTION GIVE RESIDENCE BE		NSIDE CITY LIMITS?	13e. STOEDT ADDRESS	) 非(		
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	cause (a), stating the underlying cause last.	working ASpis	QUENCE OF	preumo	nia.			
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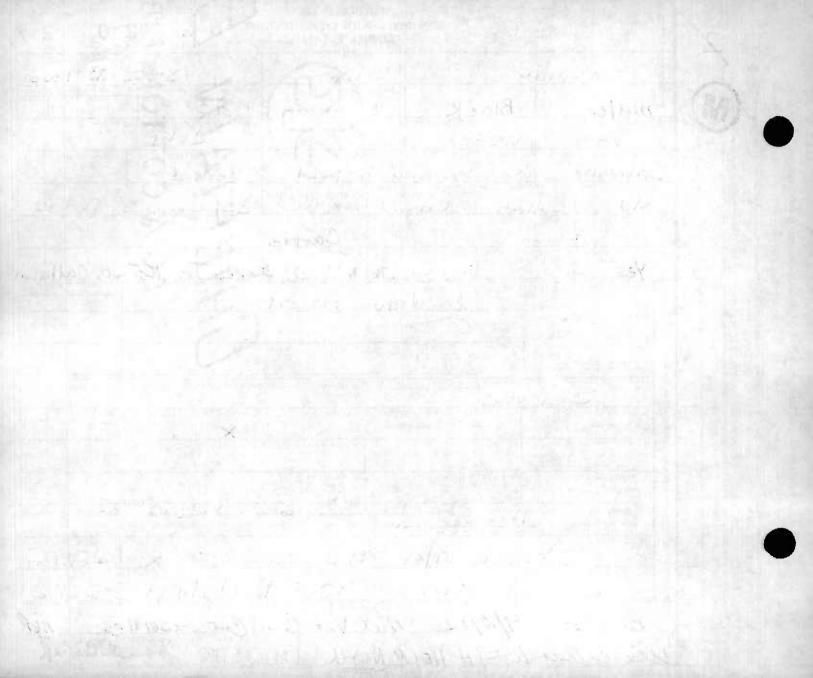
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

230. BUBIAL, CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR M. ALIG 1 6 1982

BY SOURCE FOR GILL FIRM 12.410 = 30/21 MAN CENTRAL CONTRAL CO FREE STENDER CERT TILLIAM THE PROPERTY OF THE PROPERTY O A CONTRACTOR OF THE PARTY OF TH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	MEGNO / HITHIN					REG. N	0. 0	07 6	$\propto 0$
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3 58	Female	White			. 10,1903"	A AGE INTRAFFICATE	110	UNDER FEER	WOURS MIN.
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III C	Baltimore	TINOL HI ROS	reen Nur	ET ADDRESS)	OR OTHER INSTITUTION	17s USUAL OCCUPAT TYPE OF WORK FOR MOST	SON SON		F BUSINESS OR
dsu	AL RESIDENCE OF MIREPIGACE	OR OTHER WITHUISTING	DIVE SECURING MED	THE ACTIVITY OF THE			rker		
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1	Oakland	K.	Lanph	er	Elizabeth			Abra	
	WAS DECEASED EVER IN U.S. A	ARMED FORCEST	THE SOCIAL SEC		II. INFORMANT	ADDII	114 Arm	agh Dr	
	ALC: NO SERVICE SERVICES		212-12-	1148	Frederick R.	Buck, Jr.	212	12	
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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH-16 50M 1/81 (VRA 15, 4)

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b	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 9 3 0				
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MMH-16 30M 2/80 (VRA 15, 4)	1.63	UNERAL DIRECTOR NAME  ***********************************	HOME, INC. 410	21229 7 WILKENS AVE.	TEREC'D. BY REGISTRAR 256 ASIS	TRAR'S IGNATION	

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

20. DATE OF DEATH MONTH

FOR

REGISTRAR

FIRST

DECEASED NAME

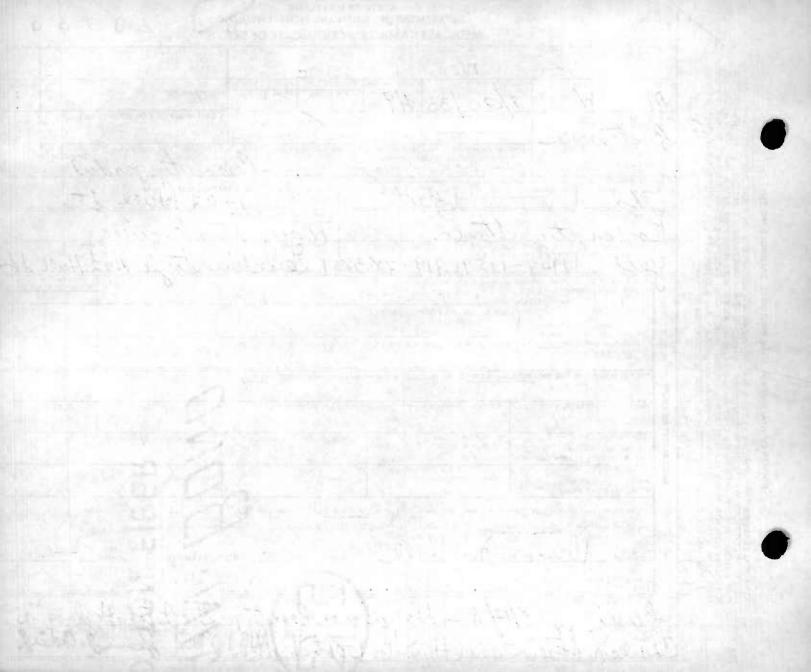
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4		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY Y	YEAR 26. HOUR
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wow l	3. SEX		4 RACE	5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRTH		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir after this certificate has been signs the burial-transit permit. Then th and Mental Hygiene prior to be orked or Item 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WE	TICH OPERATION WAS PE	RFORMED		206. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
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		above, (we) (did)	view the body after death.	DEGREE				DATE SIGNED
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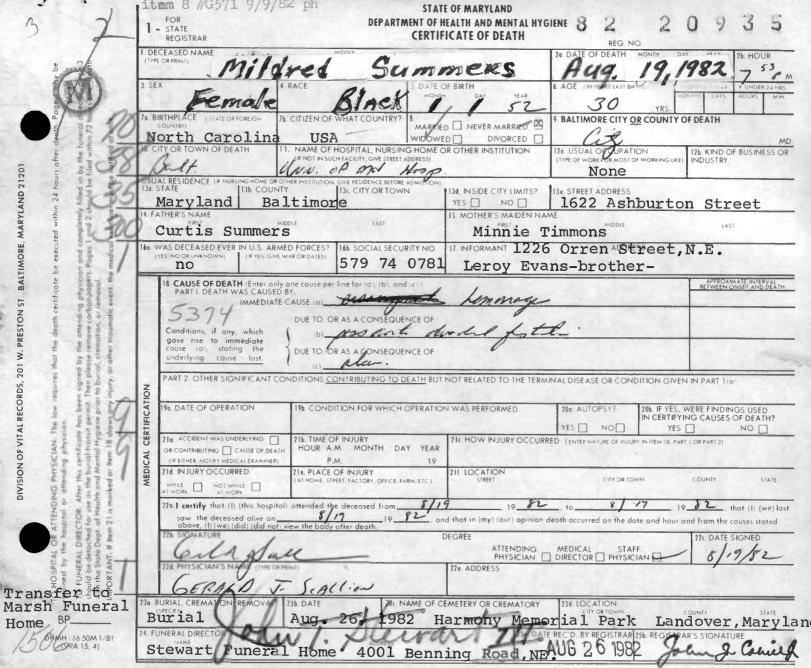
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME MONTH 20. DATE KNOWN 2b. HOUR (THE OFFERIT OF Frank DEATH MATED 19 82 9 Style 4 RACE 5. DATE OF BIRTH 1. SEX 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 24 HOUR 10:38 DATE PRONOUNCED DEAD 19 87 a. M 9. BALTIMORE CITY OR COUNTY OF DEATH IRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City WIDOWED [ DIVORCED ITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore South Baltimore General UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY T3d. INSIDE CITY EIMITS? ATHER'S NAME 166 SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES X NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram-Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 8-9-82 Assistant SIGNATURE MEDICAL EXAMINER XAMINER'S NAME Margarita A. Korell, M.D. III Penn Street TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DAT **DHMH - 17** (VR A15 ME (5)) 20M 4/B2



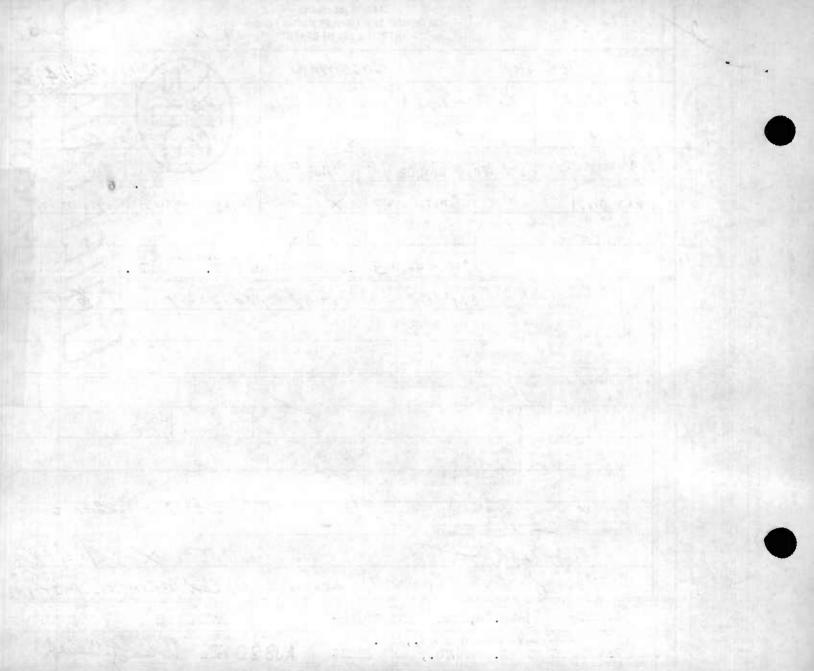
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13a.	al RESIDENCE (# STATE <b>aliforni</b> a	Nh COUNT	ROTHER INSTITUTION, GIV Y A Clara	13c CITY	OR TOWN		SIDE CITY LIMITS?	130. STRE	et address O Son	oma	Driv	ve.		
	ATHER'S NAME				•		OTHER'S MAID							
15	William		WIDDLE		ubocz		Glor	ia	MIDDLE			Ar	abia	a
160.	WAS DECEASED I	VER IN U.S. ARM	NED FORCES?		IAL SECURITY N	O. 17. INF	FORMANT		A	DDRESS				
5	No	(IF TES, GIVE V	VAR OR DATES!			Li	ma Fa	mily	Chape	1, Sa	an J	ose	, C	alif.
			y one cause per line	far (a), (b	), and (c).)							APPI	ROXIMATE FEN ONSET	INTERVAL
-	PARTIDEAT	H WAS CAUSED	BY: E CAUSE (o)	Mul	tiple	njurie	S			Calle		BETTAL	EII ONGE	AND DEATH
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S .		if ony, which	(b)											
	cause (o) st lying couse	oting the under-	DUE TO, OR	AS A CON	ISEQUENCE OF				111111				170	M. If a
			(c)										311	
TATION OF REMOVAL.	PART 2 OTNER SIGN	FICANT CONDITIONS C	DATRIBUTING TO DEATH I	BUT NOT RELA	TED TO THE TERMINAL	OISEASE DR CON	IOITION GIVEN IN P	ART 1 (a);					Mil	
1 8	19a. DATE OF O	PERATION	TION CONDIT	ION FOR	WHICH OPERATI	ON WAS DED	PEOPMED2					T20. 41	JTOPSY?	- 100
1 5	111.07112.01.0		178. CONDI	1014101	WINCHOLEKAI	OIT TYASTER	COMMED:							
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	UNDERLYING >	⟨X OR	HOUR X.X	MONTH	DAY YEAR						. TOREME	4.1		
MEDICAL	21d INJURY OC		PEATH 3:30 P.M		1982	OF I VE	r in au	10/ au	10 Impa	361				
MEDICAL CERTIFICATION	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	STREET		of U	CITY OR TOWN	Dr	COUN	ton	Ani	STATE
	AT WORK	AT WORK	r	oad			0 west	OI nu	TT WOOd	A	runde		Anr	Md.
1	22a. I certify	that I took charge	e of the remoins des		[75]v	Autopsy X	, Inspectio	on L.	Inquiry		п ту ори		,	
0	death resulted	from:   Nghyfa	al Journa	Accident	XX, Suicid	е 🔲 , н	lamicide	Undeter	rmined manne	r .				
	ACTUAL	VH	-1/1 a	GA			LE (SPECIFY)	_			DATE	0	2 0	2
	SIGNATURE	1	100	-		M.D. A:	ssistar	T MEDIC	CALEXAMINE	R	SIGNED	0-	-2-82	4
230.1	EXAMINER'S NA (TYPE OR PRINT	AME Hori	mez R. Gu	ard,	M.D.	ADDRE	ss	III P	enn Sti	reet				
23a.E	BURIAL, CREMATIO	ON, REMOVAL 23	Bb. DATE		NAME OF CEMET			CITYO	ATION		COUNT	F	ren	ont,
	Remov		8/2/82	Li	ma Far	nily C		_awn-	- Alam		Co.	,	Cali	
24. F	UNERAL DIRECTO	Henr	y W. ADNES	nkins	& Son	s Co.			REGISTRAR 2	Sh. REGISTI	RAR'S SK	GNATU	RE .	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



3	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE 8 2	2	0 9	3 7
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(or od or od	3. SE	(	4 RACE		S. DATE C		1	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
Page 4 moy director pag hours offered	N	lale	Blac	k	MONTH 4	27	31	51	YRS.	Jan	MIN.
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ND 2		ryland	INTI	Balti		3.7	0 🗆	200 N. P	ayson	Stre	et
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ALT te b sicior ol.		18. CAUSE OF DEATH (Enter of	nly one couse pe	r line for (o), (b)	, ond (c1.) A					APPROXI BETWEEN C	MATE INTERVAL
v ST., BAL certificate ing physici rbanpaper r removal.	r i	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	CARDI	/\	rnest					
N S ding or re		4149		R AS A CONSE							
deoth other control of the control o		Canditians, if any, which	( (b)	I Sche		leart	Disc	ase.			
the a		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSE			27				
thot thot day the cose of, cre		underlying couse last.	(10)		es tive	- Hear	et F	allane.			
DS, 201 quires the signed hen plecto buriol to buriol tiury, or the place of the pl	Z	PART 2 OTHER SIGNIFICANT	NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						DITION GIVE	N IN PART 10	a.
been mit. T	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				ED	200 AUTOPSY? 206. IF YES, WERE FINE			NGS USED OF DEATH?
ALRI The to tion.	RTIF							YES NO	YES		NO 🗌
DF VITAN: The physicic rifficate sufficial Hygician 18 shown 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY	DAY YEAR	21c. HOW INJUR	RY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
PHYSICIAN: ending physician: this certifican this certifican the buriol-trond Amental Hydron dor them 18.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P	.M.	19						
IVISION C G PHYSIC offending ter this cer tond Menia	AED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFF	ICE FARM, ETC )	211. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
DIVIS or offer After the e as the offth one	~	AT WORK NOT WHILE									4.2
Dia se		220 I certify that (I) (this hosp	42 /	17	0.0	13	19_52				that (1) (we) last
R ATTEN haspital RECTOR RECTOR Spt. of H		saw the deceased alive a obove, (1) (we) (did) (did n	11	1	,		r) opinian d	eoth accurred an the d	ate and haur		
A H B P D D	. 1	226. SIGNATURE	11 11	. 0.40		DEGREE	ENDING	MEDICAL STA		22c. DATE	SIGNED
the est			1. Hor	ulle	- iA	PHY	SICIAN			F/1	4/82.
- D m e v -		22d. PHYSICIAN'S NAME (TYRE				Loch 1	aven 1	J.A. 1405p	itral	Balto	rud
TO HOSPIT, etoined by TO FUNER, with the Sto		1.	Howel							During	1
7 e T s x x		SURIAL, CREMATION, REMOVA				EMETERY OR CRE		23d LOCATION CITY OR TOWN	00	COUNTY	STATE
200 BP		BURIAL	8/20	/82	Millst	one Cer	meter	Halifa:			Va.STATE
DHMH - 16 50M 4/82	24 FI	UNERAL DIRECTOR	. 1	ADDRE	55		25a DATE	REC'D. BY REGISTRAR	256 EGISTR	AR'S SIGNA	AZCZER
(VRA 15, 4)	W	M. E. MATCH	F.H.	1101E	. Nor	Ave.	AU	G 1 6 1982	Con	~ 000	June

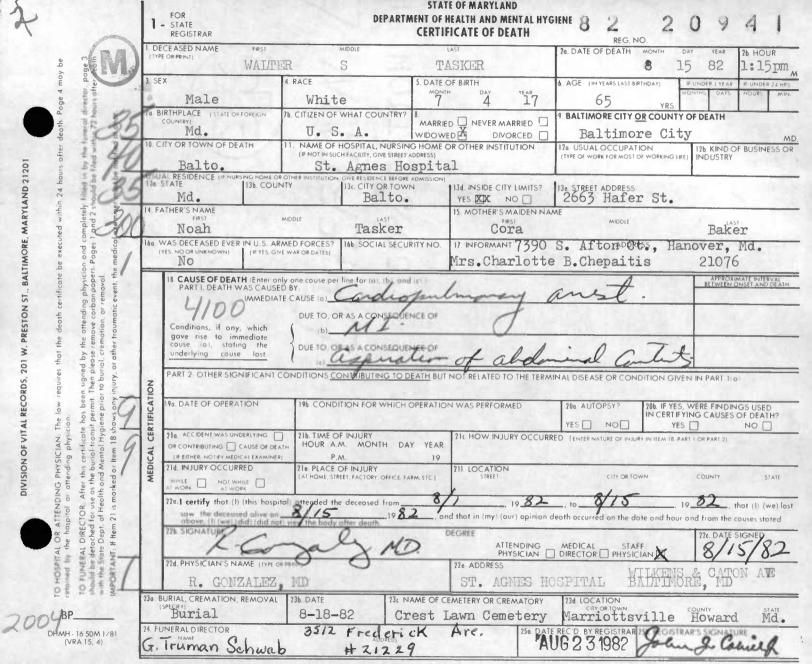
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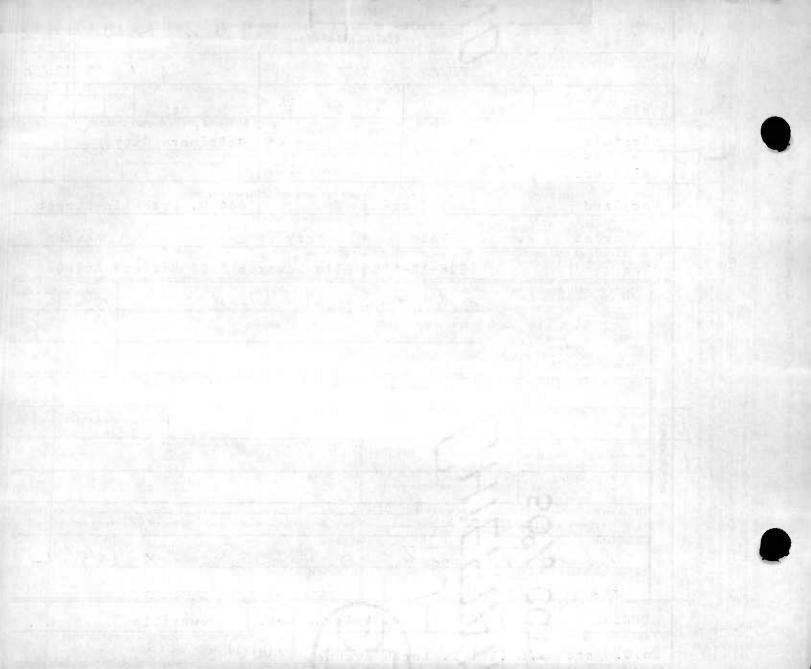
2 1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO. 2 0 9 4 0						
	ECEASED NAME FIRST PEOR PRINT) Elizabe	th A Jan	Kersley		MONTH DAY YEAR 8 - 9 - 8 Z	26 HOUR 330 Pm			
3. S	Emale	1. RACE S. DATE MON	OF BIRTH TH DAY YEAR 10 - 96	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS.	HOURS MIN.			
3	BALTO, MD.	U.S.A. WIDOW		BALTO	COUNTY OF DEATH	MD			
3/1	BALTO CITY	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  MERCY HOSPIT	LAL.	12a USUAL OCCUPATI 14 y E OF WORK FOR MOST OF 12 MEMAK	ON 126. KIND OF INDUSTRY	BUSINESS OR			
\$3 "··	STATE DE STATE	OTHER INSTITUTION GIVENESIDENCE BEFORE ADMISSION NTY I CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	EAST. AV	E			
100	GEORGE	J. BORG.	JOHANNA	MIDDLE	RITT	ER			
		MED FORCES? 166 SOCIAL SECURITY NO. 216-10-4091		N. East Rankerslei	Benue-Bal				
or other troumotic even	Conditions, il ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	reoperatory	arest	Sul				
injury, o		CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110				
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	GS USED OF DEATH? NO []			
MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH DAY YEAR	2) thow injury occurs	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)				
WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE			
	sow the deceosed plive on	tol) ottended the deceosed from	ond that in (my) (our) apinion o	deoth occurred on the de	ote and hour and from the c				
- Z	224. PHYSICIAN'S NAME (TYPE O	olean	ATTENDING PHYSICIAN [	MEDICAL STAF		(85			
IMPORTAN	G G	roleau	Meia	1 Hosp	rter				
230	BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  UNERAL DIRECTOR		Redeemer Ce	m Baltimo	re, Maryla	nd STATE			
1/81	3000 E. Ba	ltimore St. " Baltimore, M. 2	1224 AU	6 1 0 1982	256 PGISTRAR'S SIGNATU	mill			

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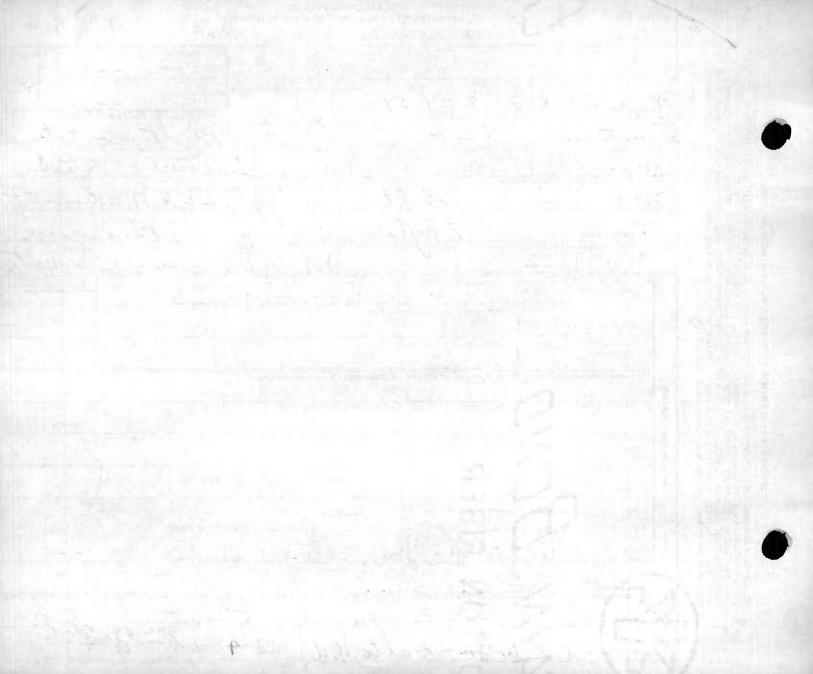


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(VRA 15, 4)



					STA	TE OF MAR	RYLAND					
	6		FOR STATE		DEPARTMENT OF	HEALTH AT	ND MENTAL H	YGIENE 9	2	0	9 4	3
			REGISTRAR	ME	DICAL EXAMIN	<b>NER'S CER</b>	RTIFICATE C	F DEXTH	REG. NO.	0		
	2		CEASED NAME FIRST		WIOOFE	LAST		Zo. DATE	NOWN IV	MONTH	DAY YEAR	26 HOUR
	NW .: . W.	(TYP	E OR PRINT)			TAYLO	חס	OF DEATH	ESII-	8-2-	00	100
	A SA	3 SEX		5 DATE OF BIRTH	6. AGE (IN Y					MONTH.	82 19 DAY YEAR	M
	55.55	3 367	1 001	MONTH DAY	YEAR LAST BIRTH	DAY) MONTHS	OAYS HOURS	24 HRS. 2c. DATE MIN PRONOUN			VAI ILAK	3:00P
	\$6353 S	1	ale Dlack	3 18	24 58	rrs.		DEAD		8-2-	82 19	M
44	CESSARY NERAL OF FOR YOU VITHIN 72 PRESTON	7a. Bi	RTHPLACE (STATE OR	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED	NEVER MARR	9. BALTIM	ORE CUY OR	COUNTY	OF DEATH	
1	S NECESSARY, P FUNERAL DIRECTOR 5, WITHIN 72 H W. PRESTON ST	0	mestern S. C	715	SA	WIDOWED	DIVORC	100	eltis	-UNA	, til	MD.
	F ANY DELAY IS NE. AND 3 TO THE FUN. RETAIN A PAGE 5 F. SHOULD BE FILED, W. L. RECORBS, 201 W. I.	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTHER II	NSTITUTION	120 USUAL OCEUP	ATION (TYPE C	F WORK 1	26. KIND OF B	
	A HOER				CILITY, GIVE STREET ADDRESS)			OR MOST OF WORK	ING LIFE)		2 KADITE	79
	A S S -	Bal	Timore AL RESIDENCE (IF IN NURSING HOME O	Baltin	MORE CITY F	ospital		12000	000		Q UE	Marine
21201	7584584	13a S		TY	13c. CUDO OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDRES	55 - 11	4	1.	0.1.
	A A M O M		na -		Ball	O . Y	ES 🕅 NO 🗌	1722	E.VI	100	Man	. 37
WD.	. ABSAS.	14. FA	THER'S NAME	MIDDLE		15.	MOTHER'S MAID	N NAME	DOLE	,	LACIL	Λ
	AGES 1, AND 2		Tames	MIDDLE	1 ayla	V I	Sall	·	13	0 1	100	d
Ö		16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	THE SOCAL SECURI	IY NO. 17.1	INFORMANT	1	ADDRESS		July	0
BALTIMORE	JRS AFTER DE B. GIVE PAGE WITH FORM I. PAGES I A DIVISION OF	(7		WAR OR DATES)	U	1	00	1 -	0	101	0,-1	Sy
× ×	IRS A MITH MITH DIVIS		710			1	Mary	L. / ay	01-1	12	25.10	adrey
ST.,	Z ≥ O		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ly ane couse per line	lor (a), (b), ond (c).)		0	0			APPROXIMA BETWEEN ONS	TE INTERVAL
N N	AL. AL.		//- IMMEDIA	E CAUSE (a) At	rterioscler	otic ca	ardiovasc	ular disea	se			
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×	EVEN SERVICE S		Canditions, if any, which	43								
×.	N N N N N N N N N N N N N N N N N N N	70	gave rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE	OF						
201	UTED WITHIN S IN PENCIL IN I EXAMINER AL RIAL - TRANSIT D MENTAL HYC ON, OR REMO		lying couse lost.	1								
	XECUTED WITHIN 24 HOU 10°' IN PENCIL IN TEM 18 24L EXAMINER ALONG 18 BURIAL - TRANSIT PERMI BUD MENTAL HYGIENE, WATION, OR REMOVAL.	DA		(c)								
RECORDS	MA WENT	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIVEN IN PA	RT 1 (a).				
0	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION	Same Same									
<u>a</u>	J. F. E. B. F. F. F. E. B. F. F. F. E. B. F.	\\	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS P	PERFORMED?				20 AUTOPS	13
OF VITAL	58 H 20 9 8	E		NA 19700							YESXX	NO 🗆
, m	W W W W W W W W W W W W W W W W W W W	1	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HOW I	INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I LOR PART		
2	SHEDE!		UNDERLYING OR		MONTH DAY YEA	R						
DIVISION	PAN SHAP	MEDICAL	CONTRIBUTING CAUSE OF I	21e PLACE C		21L LOCATI	ION					
2	BE358	ME	WHILE IN NOT WHILE IT		ORY, FARM, ETC.)	STREET		CITY OR TOW	'N	COUN	477	STATE
۵	WR AAG ATE		WHILE NOT WHILE DAT WORK									
	PR: T		22a I certify that I took charg	e of the remains des	cribed above held on	Autopsy	X Inspection	n , Inquiry	ond.	in my opir	100	7
	A SUDER			TV)						iii iiiy opii	nair	
	STIF STIF SEC BEC BYL		death resulted from: Natur	al causes	Accident , S	uicide L,	Homicide	Undetermined ma	nner,			
	<b>₩</b> 899		ACTUAL \\\	V Sa Ta	D 4/-	0	TITLE (SPECIFY)			DATE	8-3-8	2
	AERA E		SIGNATURE	marke.	De Me	M.D.M	ssistant	MEDICAL EXAM	NER	SIGNED	0-2-0.	
	NA SE		EXAMINER'S NAME	0								
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED FROM THE WORD "PENDING" IN P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SAS A BURRAL RETER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND ME BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,		(TYPE OR PRINT) Mai	garita A	Korell, M.	D. ADD	RESS_111 P	enn Street				
	5X 45 A A	23a.B	CREMATION, REMOVAL 2	36 DATE	73c. NAME OF CE	METERY OR CR	REMATORY	23d LOCATION		· recorns	v	TATE
7178	BP	4	Simil.	8-7-8	2 Em.	m de		James	town	LOUNI	2	TATE
11111	7	24. FJ	NERAL DIRECTOR			, manu	250. DATE I	REC'D. BY REGISTRAL	12 Mests	AR S'SK	A POHON	
01	DHMH - 17	1	NAME ON P.	2 Deportess	RU	to 110	d Alla	-4-1982	Manue	111	A CONTRACTOR	2
	(VR A15 ME (5))	LV	mel /	· wun	Dal	10.11	4 HOU	4 1005	-	Va		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS N.M.N TAYLOR Eva 1982 August 14 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY NOV. 17, 1892 EAR female white 89 TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A WIDOWED DIVORCED X Baltimore City TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Home Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Wash. Hagerstown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Mt. Lena Rd Box 313 NO A 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. MIDDLE Thomas Nancy Tyler Lawson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] 212-07-0971 Mr. Edwin W. Taylor Hagerstown, Md. no

	nly one couse per line for (o), (b), and (c)		BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUSE	re CAUSE (o) Respiratory Failure		
	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if any, which	( lb)		
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)
19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED

7/19/82 Left Trochanteric & Scapular Ulcers I NOXXX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) 210. ACCIDE IL WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

ATTENDING

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OR TOWN

AT WORK NOT WHILE June 20 22a I certify that () (this hospital) attended the deceased from

sow the deceased alive on August and that in kny (our) opinion death occurred on the date and hour and from the causes stated 275 SIGNATUR DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Cheryl Powell, M.D. c/o Maryland General Hospital

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Aug\_18.82 Take View Memorial Park

Sykesville

STAFF

Carrola

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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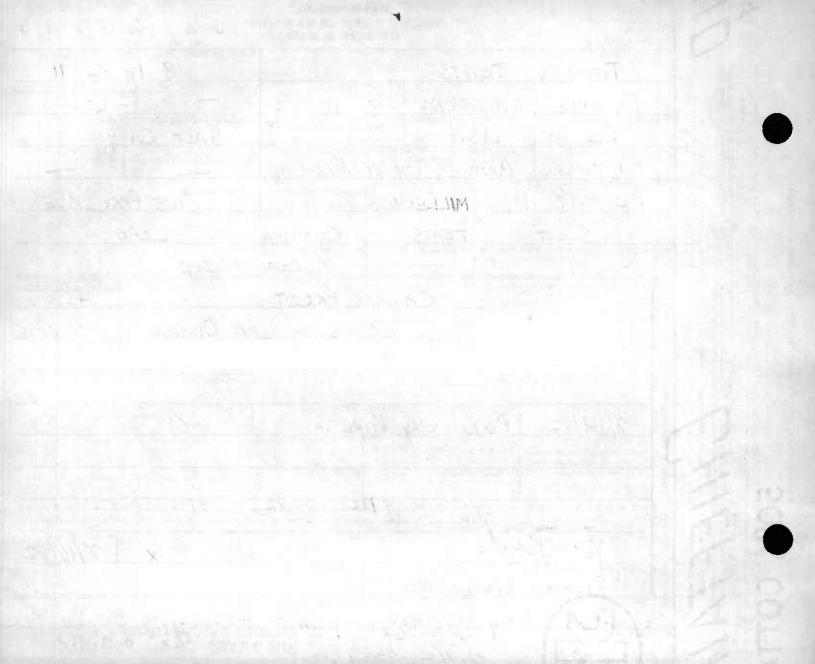
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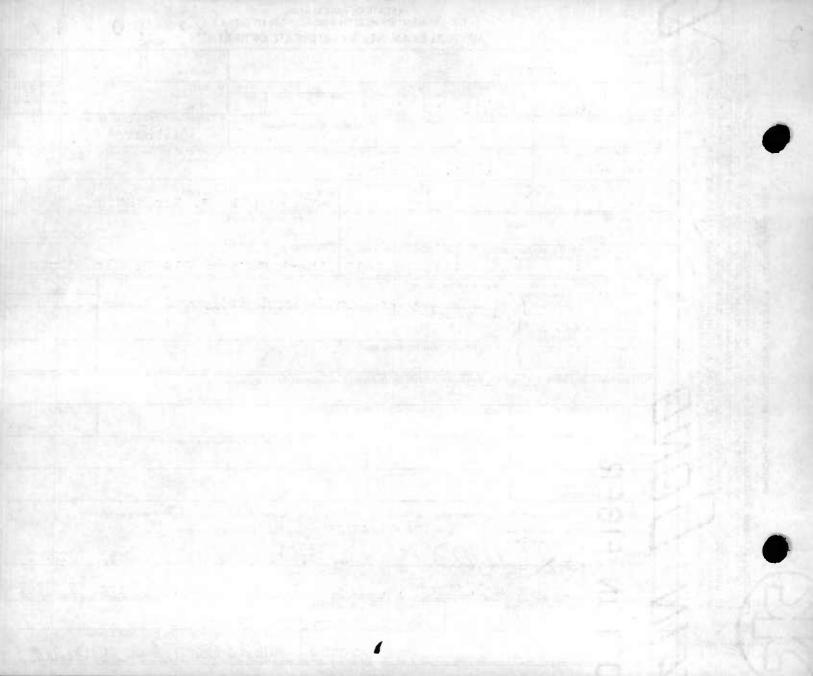
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			EASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PLYSICIAN: The low requires that the death certificate be executed within 24 hours	signed by the attending p hen please remave carbon, to burial, cremotion, or rem ijury, ar other traumatic eve		Conditions, if any gove rise to improve the cause (o), stability underlying couse	, which mediote ng the e lost.	(b) DUE TO, O	PR AS A CONS	SEQUENCE OF			NAL DISEASE OR CO		EN IN PART 110	51
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rYSKCIAN: TI ding physicis s certificate burial-transit Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH DA	Y YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
DING PHYSI or offer this ca After this ca to so the burn olth and Me marked or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TO	WN COUNTY	STATE
		220.1 certify that M (this hospit saw the deceased alive an	011.1	3 12 , 19 9. 62 , and that in (my) (44) opini-	2, to	19.82	that pr (we) la
OR ATT e hospin Ched fo Ched fo Dept. of Item 2		abave, (I) (a) (did) (did) 22b. SIGNATUR		DEGREE ATTENDING	MEDICAL STA	FF 27c. DATE	
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TO TO Show	23o. 8	URIAL, CREMATION, REMOVAL	TO LOCATION OF	AME OF CEMETERY OR CREMATOR	Y Z3d. LOCATION	COLOUTY	
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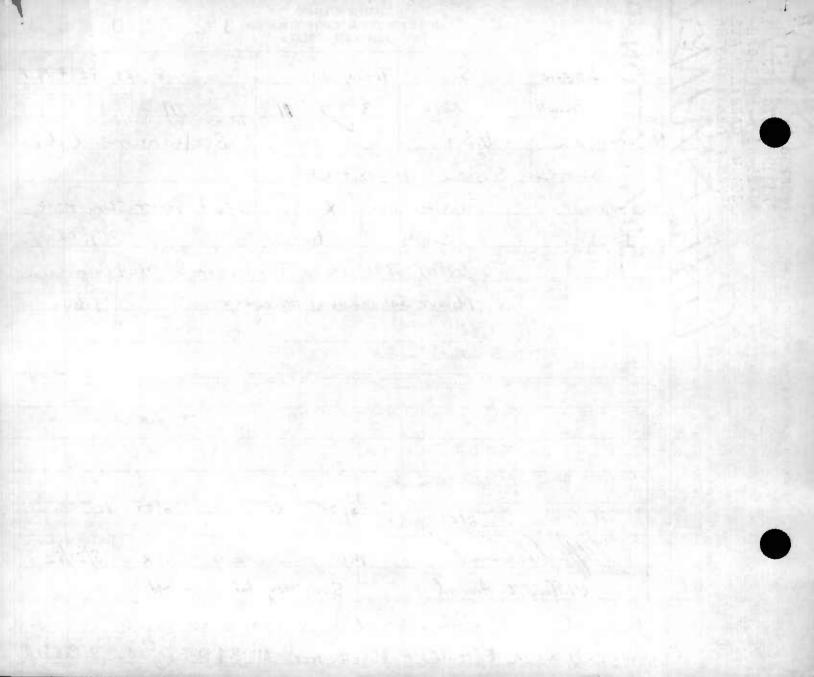
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8	1	- STATE  REGISTRAR  CERTIFICATE OF DEATH	
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nay be page 3 k death	LITTE	Joseph D Terry 8/78/104	2,
4 mo	3 SE	5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 124 HRY MONTH DAY YEAR, MONTH DAY YEAR, MONTHS DAYS HOURS MIN	
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MARY mplete		James Mode Terry Mariah & Fally	
ORE, and cond collection		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Les
TIMORI be exec an and a		Yes 239-14-7200 Hattie STerry 1807W. Lafaye	He
ST., BAL rtificate g physici an paper emaval.		18 CAUSE OF DEATH (Enter only one cause per luctor (a), (b), and (c)   APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
S Boon		279 IMMEDIATE CAUSE (a) Cardio Pulminary Awes	_
PRESTON he death c emove cort motion, or		Conditions, if any, which (b) Pulmanay Sun holism	
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201 W.		underlying cause last DUE TO, OR AS A CONSEQUENCE OF	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
OR respondent	57	TO SONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, WERE FINDINGS USED	
0 5 2 12 5	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?	
4 FE 0 E E E	GR	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	-
ON OF VITA  HYSICIAN: T ding physici s certificate buriol-transi Mental Hygi	SAL SAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19	
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		AT WORK AT WORK	
DOR. DOR.		270 1 certify that (1) this haspital) attended the deceased from 19 20 and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated	st
OR ATT OR ATT DIRECTO DIRECTO Dept. of	1	abave, (1) (we) (did) (did not) view the body lifter death  27b. SIGNATURE  DEGREE	_
AAL AAL	18	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN SCIENCE  8/17/82	
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TO FUNER Should be dwith the Steroid		Lives University Hospital	
MACK	23a. I	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOR TOWN COUNTY STATE	
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3	1 -	FOR STATE REGISTRAR			DEPA	ARTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 2	2	0 9	49
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 21 holling otherwising physician.  If this certificate has been signed by the attending physician and completely lifted in the safe build-transit permit. Then please remove carbon papers. Pages 1 and 2 signed by the and Mental Hygiene prior to burial, cremation, or removal.  In and Mental Hygiene prior to burial, cremation, or removal.  arked or from 18 shows any injury, or other traumatic event, the medical graphing mathbe in arked or from 18 shows any injury, or other traumatic event, the medical graphing mathbe in		Conditions, if any, gave rise to imme cause (a), stating underlying cause	diate the last	DUE TO, OI		Metah EOUENCE OF Many	Seps.	t in		DITION GIVE	N IN PART 1	ereral day
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1 /	1			STATE OF MARYLAND			
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NG PHYSICIAN: The law requir attending physician.  Ifter this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to be acked or item 18 shows any injury	CERTIFICATION						
aw aw	CAI	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED
ALRE form. has to per inner in	I	The Control of			YES NO	YES [	NO [
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OR OR	10.4	saw the deceased alive on	8/29 10	82 and that in Imy) (our) opinion		, , ,	
RECT Ped form	A.	22b. SIGN TUPE	the body after death	DEGREE			A LE SIGNED
OR Ho ho OR Ho ho OR Ho DIRECTOR Dept.	13	11/4//	11, 1	ATTENDING	MEDICAL STAF	0	129/0-
By the By Tale		22d PHYSICIAN MAME INTER	- cruy	PHYSICIAN [	DIRECTOR PHYSICI	AN X O	21/82
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TO HOSPITAL retained by the TO FUNERAL is should be deto with the State (MANORTANT; If			1 L. Amend		ital Balt. 1	49	
	23a. I	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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DHMH-1650M1/B1		UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGN	VATURE
(VRA 15, 4)	1	Um. C. Mari	na F/H/101	Q. Worth Hop A	HG3 1 1982	Joan I	Course



						MARYLAND				
		FOR STATE		DEPARTMENT O	HEALTH	AND MENTAL H	IYGIENE	21	0 0	5 1
3		REGISTRAR	MEI	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH RE	G. NO.	J ,	2 1
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(VRA 15, 4)

Anatomy Board

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Thorp DEATH MATED 10 82 Anna May 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Female White 06 16 56 26 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital - STU Computer Programer MONTGOMERY AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) WARD 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pasadena NO 3 23 North Shore Road 21122 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Potts John Backus Anna Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21207 I HE YES, GIVE WAR OR DATES Dale E. Thorp 1587 Ingleside Avenue Unavailable 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBE 4 SHOULD BE FORWARDED TO THE CHIEF TO SHOULD BE CHIEF AGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YESXIX NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 2:15 KM 8 passenger in auto/auto impact 1982 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Southwest Blvd. & Tomday Blvd. Balto. Co. road Autapsy X Md. 220 I certify that I taak charge of the remains described above, held an Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant 8-2-82 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. III Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 08-05-82 Meadowridge Mem. Park Elkridge Howard Maryland Burial 24. FUNERAL DIRECTOR **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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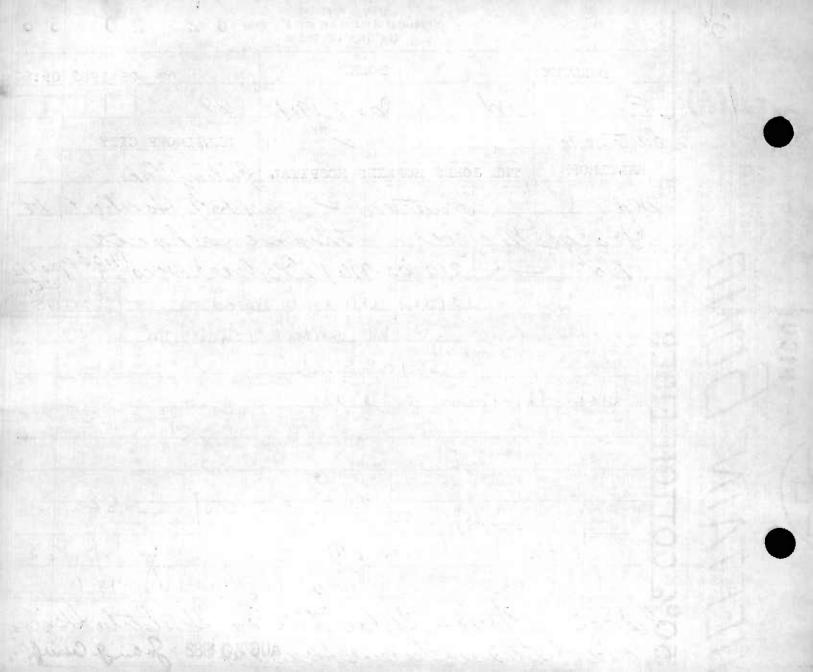
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36	1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	20956
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## STATE OF MARYLAND

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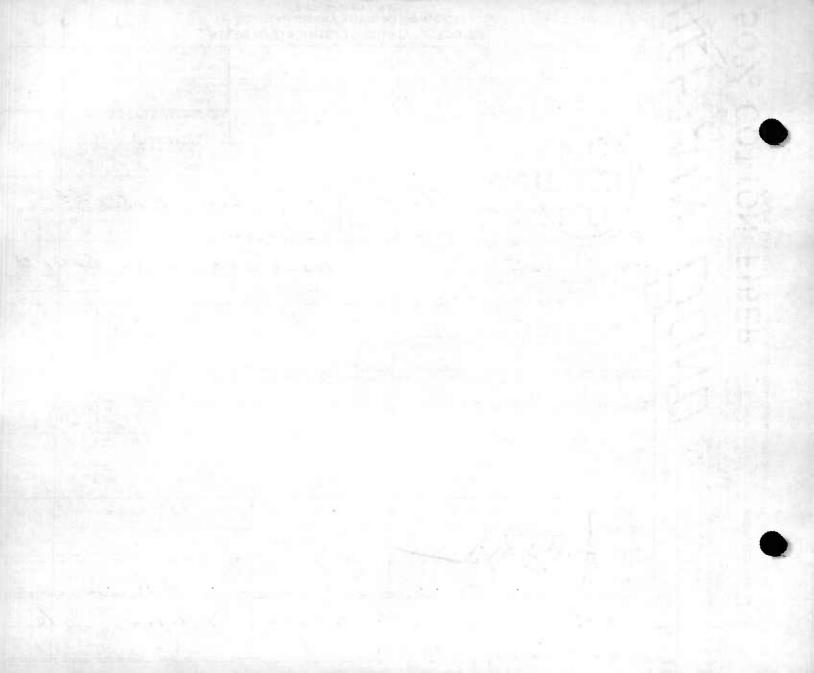
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) KENNETH TOWNS AUGUST 1982 1:02AM 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 35 15 Male Blak 46 YRS BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X X NEVER MARRIED Maryland USA WIDOWED DIVORCED BALTIMORE CITY O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY RATITIMORE THE JOHNS HOPKINS HOSPITAL 13g. STATE 13b COUNTY CITY OR TOWN 13e. STREET ADDRESS Maryland Baltimore 430 E. Biddle St. YESXX NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Norman Towns Dorothy Norris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT 219-30-6313 Lucy Towns 430 E. Biddle Street 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b., and (c.) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a COSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram\_ 183 saw the deceased alive on , and that in (my) (our) opinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAL 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 94 180 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE BURIAL CITY OR TOWN COUNTY Cedar Hill Baltimore MA 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 ADDRESS (VRA 15, 4) Wm. C. March F/H 1101 E. North Avenue

ALLEGE AS PERSONAL STREET

	1/		FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 0 9 6 0						
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\* STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR 8 25 82 TRAIL 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER 936 CIRCLE DRIVE. THRIFT HERBERT C. TRAIL, 938 CIRCLE DRIVE, 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARCINOMATOSIS (EXTENSIVE CA. METASTASS) 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY

> and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

ST. AGNES HOSPITAL, 900 S. CATON AVENUE

GRANITE BALTIMORE MD. GRANITE PRES. CH. CEM.

BURIAL 08-28-82 24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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8/25/82

- STATE

(TYPE OR PRINT)

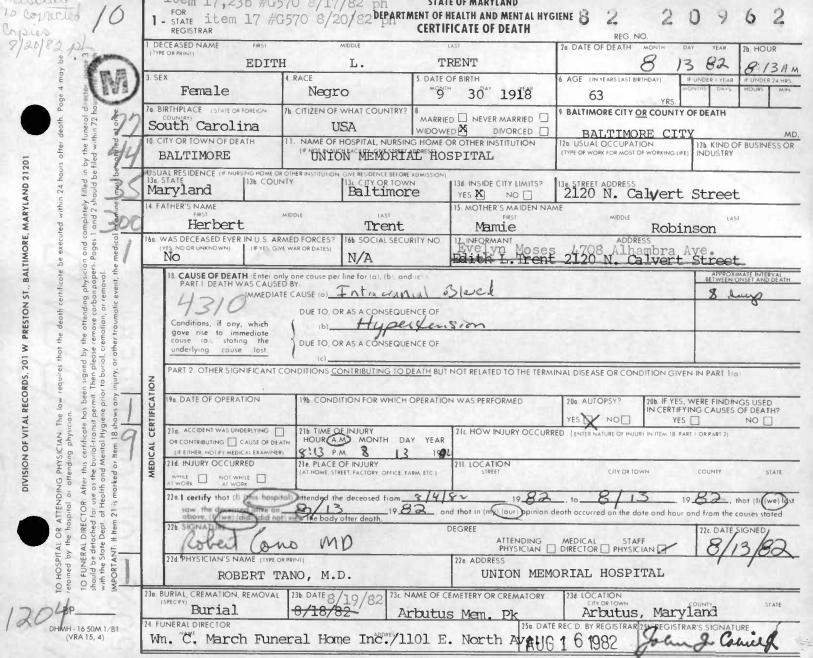
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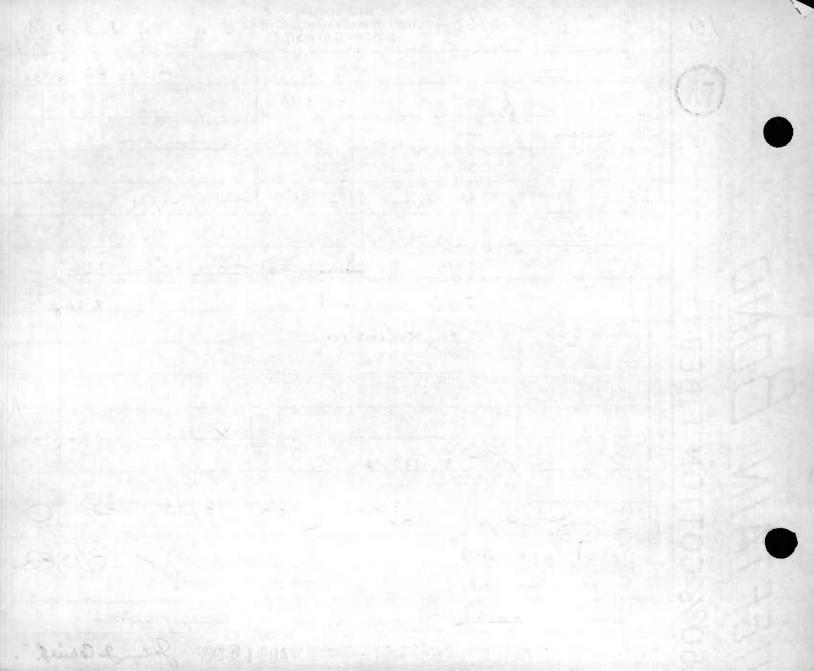
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DECEASED NAME

HMH - 16 50M 1/B1 (VRA 15, 4)

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DHMH - 16 50M 4/82		INERAL DIRECTOR  Name  March F	1/13	1101	E NT	orth Av	~		-	REC'D. BY REGISTRAR	75b- 100-100	IGNA	TURE	To a
(VRA 15, 4)	1	an C Pat CII F	/17	TTOT	r E. TAG	DI CII A	C.		SF	P 3 1982	10-4	- X- J	anul	-

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201 rs offer filed with	10 0	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Hamilton, Nun	REET ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) House of Worste	176. KIND OF BUSINESS OR INDUSTRY
AND 21:	130	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION	13d INSIDE CITY LIMITS? YES MO	13e STRESO3DSSS Bradf	N N
markt.	14 F	ATHER'S NAME FIRST	MIDDLE LAST Castore		15. MOTHER'S MAIDEN NA	ME Tuminello	LAST
TIMORE,		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, A	ARMED FORCES? 166. SOCIAL SE GIVE WAR OR DATES) 2/5-/0	-8653	17 INFORMANT	minello - 6614 M	byer Ave21206
RDS, 201 W. PRESTON ST., 8A equires that the death certificate is signed by the attending physic Then please remove carbonappe to buriol, cremotion, or removal injury, or other troumotic event, it	NO	PARTI. DEATH WAS CAU	DUE TO, OR AS COUSES  DUE TO, OR AS COUSES  (b)  DUE TO, OR AS A COUSES		e aurieu  ou of )	SCVD and clar fibrilla reetum	2 years
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AL OR ATTENDO the hospitol on AL DIRECTOR: A Estoched for use the Dept. of Heal		sow the deceased alive of	on 2 19 19 not) view the body ofter death.	0 / -	DEGREE ATTENDING	death occurred on the date and hour	9.82_, that (1) (-) lost and from the causes stated  22c. DATE SIGNED  8/23/82
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÷ 4	phy mon went	-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute of Chronic heral failure	OLI AND DEATH					
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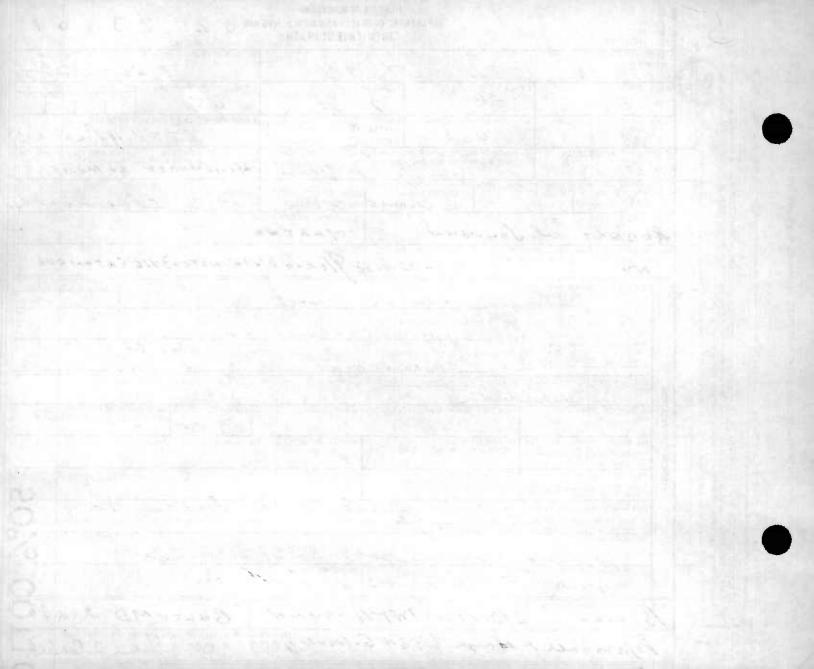
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

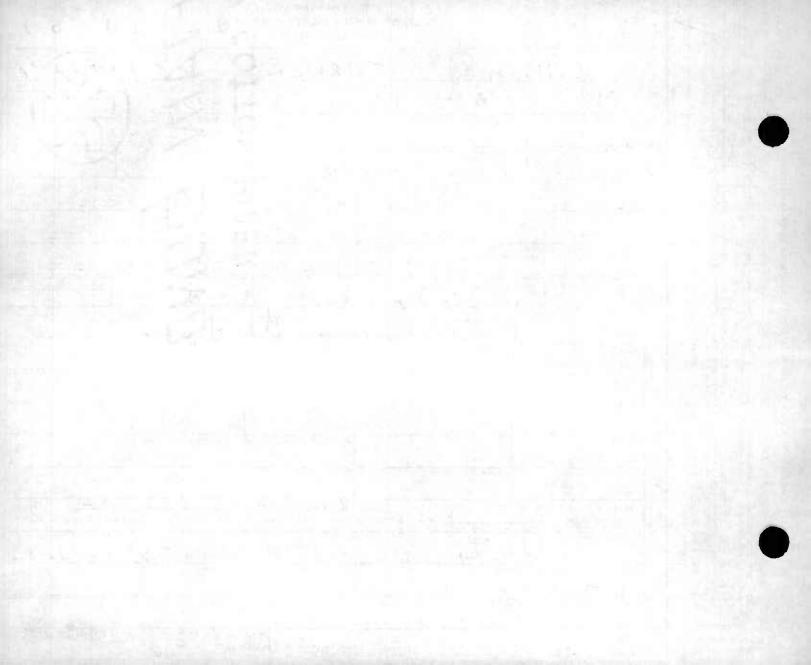
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(VRA 15, 4)



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1	1			STATE OF MARYLAND							
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TITE ppito		sow the deceased alive or obove, (1) (we) (did) (did no	n X - 2219 S	ond that in (my) (our) opinion	n deoth occurred on the do	te and hour and from the couses stated					
hoss hoss hed bept them		22b. SIGNATURE		DEGREE		22c. DATE SIGNED					
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1	23a. 6	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
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DHMH - 16 50M 1/76		UNERAL DIRECTOR	F/H 1101 F No	25a. Q/	UG 2 4 1982 A	25b REGISTRAR'S SIGN THE THE					
(VP A 15 (4))	I TAT	m C March	E/H IIII E No	rth Avenue I	AN L T IN LIE	//					



STATE OF MARYLAND

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FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4) - STATE

STATE OF MARYLAND

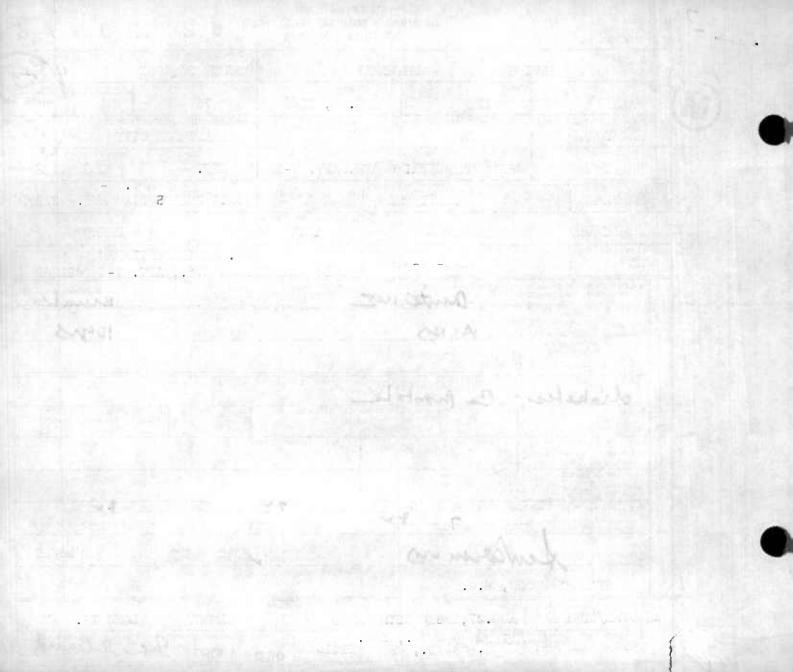
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

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Anatomy Board

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REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

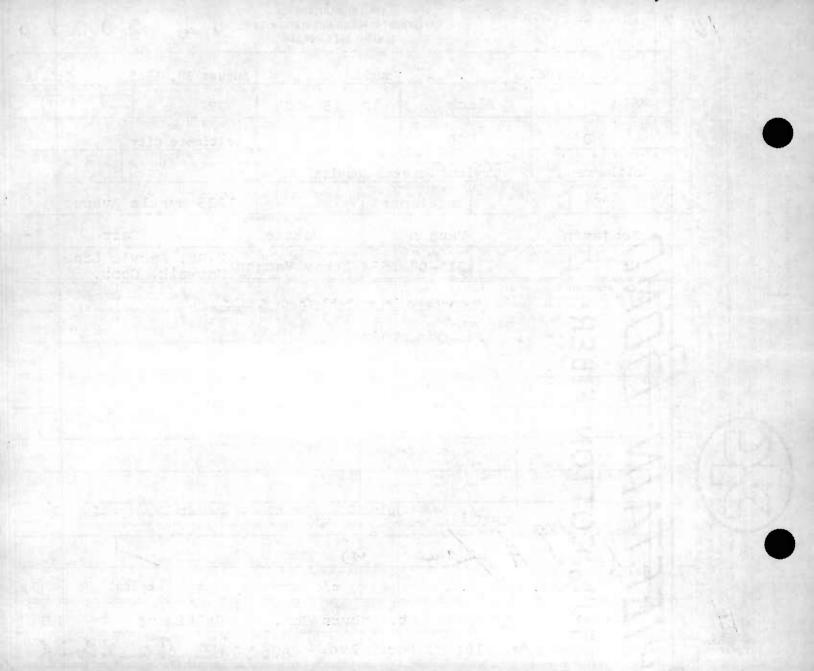
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



24 FUNERAL DIRECTOR Oring Byers Funeral Directors Inc.

8728 Liberty Road Randallstown, Maryland 21133 AUG

- STATE

DHMH-16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

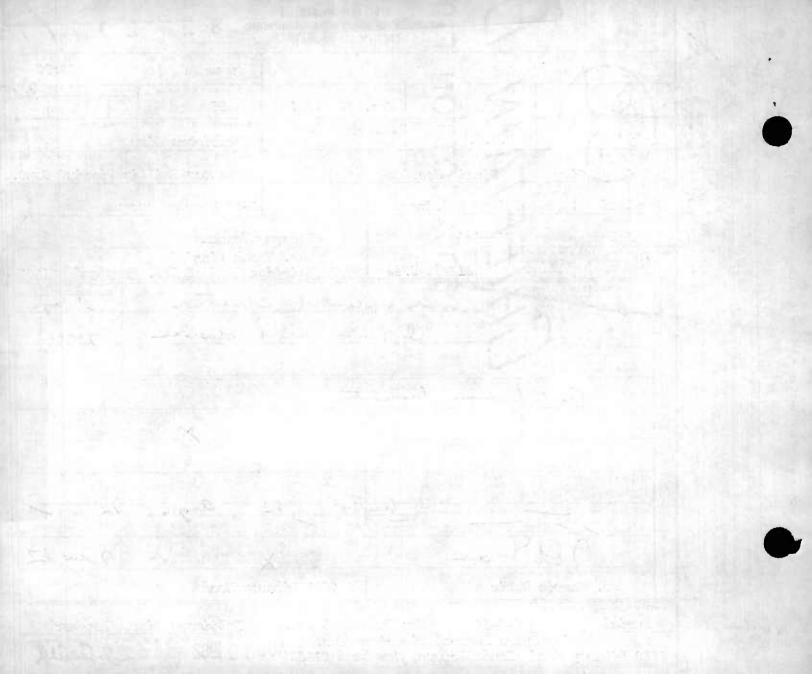
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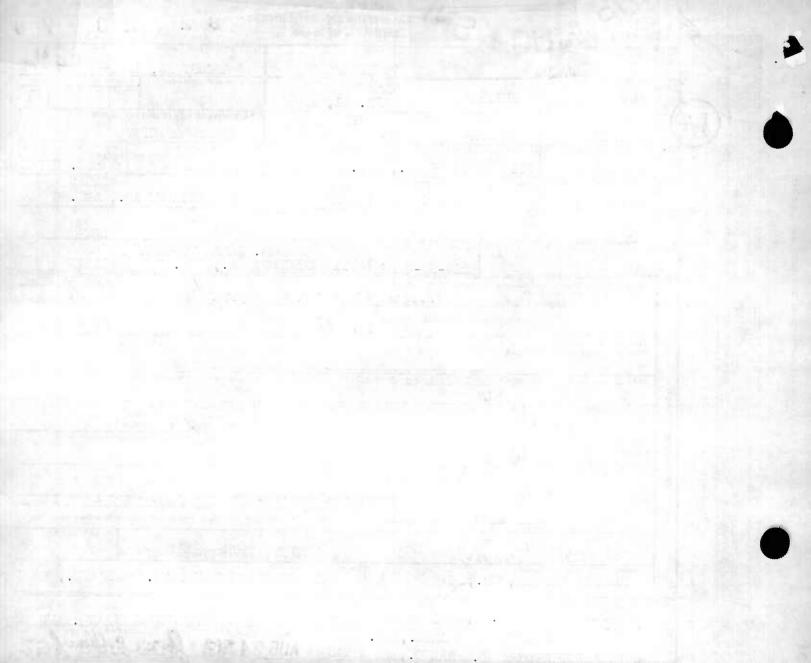
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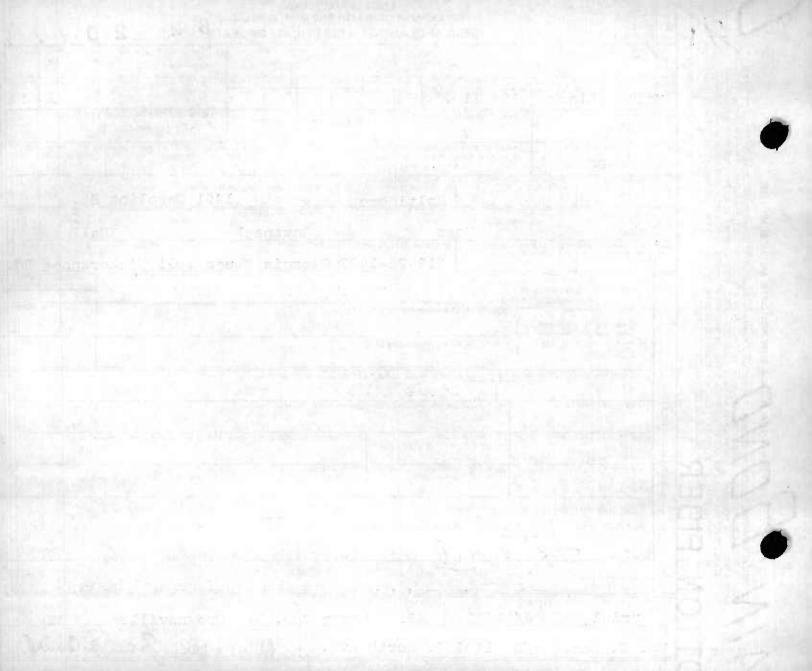
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	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND, (	d	eoth resulted		al couses 5		Accident		ide		ide .		ermined m			pillion				
	EXAM CERTII JLD B DIREC WITH			10	7	77				TITLE (S		o no c n			7/03					
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	MEDICAL EX FUTE THE CE AGE 4 SHOULD DIVINERAL DI FITE DEATH, WALLIMORE, MA		AMINER'S NA	AME	Hormez	R.	Guar	d.M.D.		ADDRESS_	111	Penr	Str	eet.Ba	altim	ore.	MD			
	583553				b. DATE			IAME OF CEA	ETERY O	RCREMATO	ORY		CATION			JNTY	STA	16		
160	S BP	SPECIF	urial		8/11/	182	I	1d. Ve	ter	an Ce	em.	City	Crow	nsvi		y	MD			
010	DHMH - 17		RAL DIRECTO			ADDRESS	17.0			1111111	250. DATE	REC'D. BY	REGISTRA	AR 25b REC	USTRAR'S	SIGNAT				
	(VR A15 ME (5))	Wm.	C. N	March F	/H 3	1101	E.	Nort	n Av	e.	'Al	JG 1	1 198	2 4	ohu	2	Come	4		
	20M 4/82													- 0						



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	AIE UF	DEATH	REG	NO.		, 0			
1. DECEASED NAME FIRST (TYPE OR PRINT) Almet	MIDDLE	Votta			20 DATE OF DEATH	2	26 HOUR 10:25P					
Female	4 RACE White	S DATE OF B		YEAR	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	COUNTRY)				MARRIED	Baltimore City  Maltimore City  Maltimore City						
Daltimore	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET A DWN HOME		THER INS	STITUTION	120. USUAL OCCUPATION 176. KIND OF BUSINESS C (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
SUAL RESIDENCE (IF NURSING HO) 130. STATE 13b. C  Maryland		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimo	N 13	I INSIDE	CITY LIMITS?	13e STREET ADDRES		ing Ho	me			
14 FATHER'S NAME FIRST	WIDDLE	LAST	15.	MOTHER	'S MAIDEN NAM	WE		LA.	st			
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? S. GIVE WAR OR DATES)	2171617		inform.		Midtown	Nursi	ing Ho	me			
18 CAUSE OF DEATH IEATE PART I. DEATH WAS CA	USEĎ BY DIATE CAUSE (a) DUE TO, OR		eu.	MY	OCAN	STAC IN	PARETI		XIMATE INTERVAL ONSET AND DEATH			

18 CAUSE OF DEATH (Enter only one cau PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	Ences/11	MYOCANSIAC	INPARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, which gave rise to immediate	TO, OR AS A CONSEQUENCE OF	)		
PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	GE OR CONDITION GIVEN	IN PART I(a

190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

22a.1 certify that (1) (this haspital) attended he deceased from sow the deceased olive on and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

PHYSICIAN TORECTOR PHYSICIAN 22e ADDRESS

MEDICAL

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

ATTENDING ,

23d LOCATION Baltimore

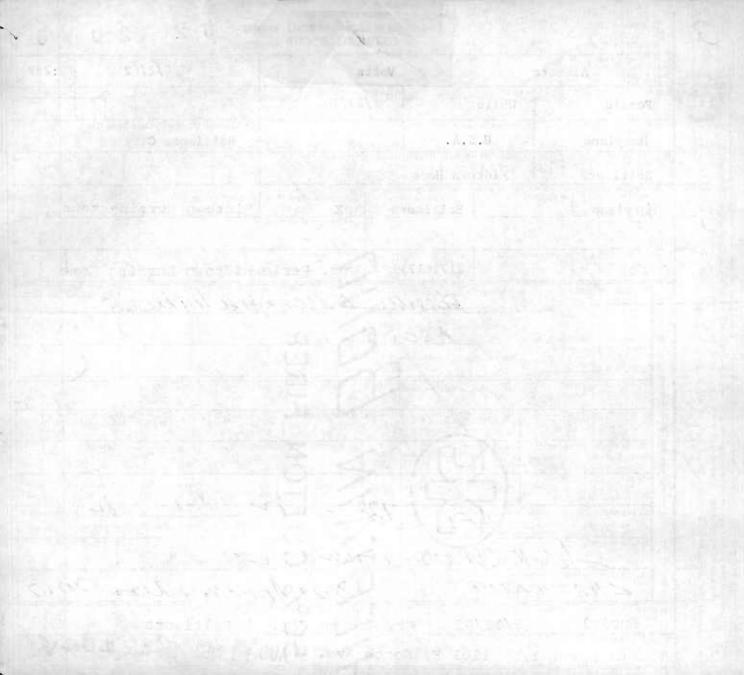
MDSTATE

Burial 24 FUNDER DIRECTOR

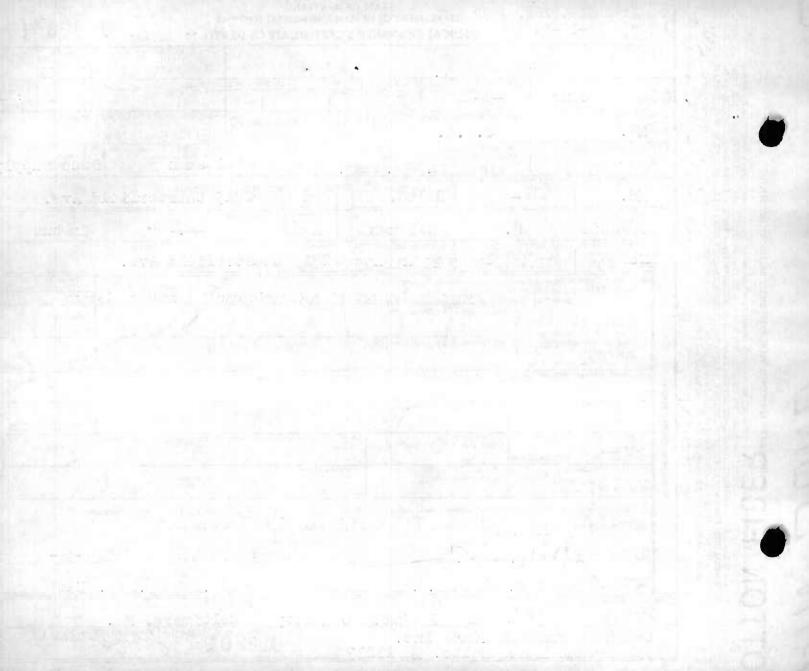
8/12/82 1101 E. North Aye. C. March F/H

BY REGISTRAR

DHMH-16.50M 1/81 (VRA 15, 4)



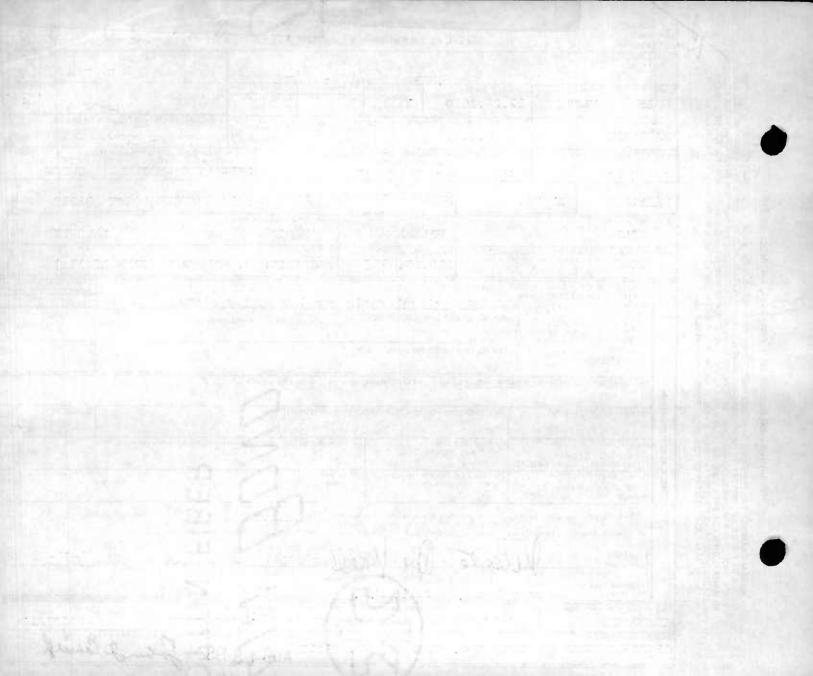
a	1	FORItems	15, 16	a, G572 p	EDADT	STA'	E OF M	ARYLAN	ID	VCIENE				
30	1	STATE ]	0-13-82	jlb MED	ICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FDEAT	11 6	3. NO.	0 9 8	3 1
19		CEASED NAME	FIRST	The same	MIDDLE			LAST		20	DATE KNOW		H DAY YEAR	26. HOUR
3 8 8 8 5	(11)	CORPRINT)	FRANC	CIS	J.		*WA	LDMAN		- 1	OF ESTI-		17 19 8	32 M
A PECTON A P	3. SE		RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER 2			MONTH	DAY YEA	R 2d HOUR
\$255g	Ma.	Te	cauc	5-3-22	16.71	60 YE	S. MONTH	DAYS	HOURS	MIN. PF	DEAD	8	17 1982	1:32
CESSARY, PLEASE VERSLIDIRECTOR OP-YOUR FILES VITHIN-22 HOURS PRESTON STREET	70 B	RTHPLACE (STA	TE OR	76. CITIZEN OF WH		ITRY?	8 MARRI	ED NEV	ER MARRIE	ED X	BALTIMORE CI	TY OR COU	NTY OF DEATH	THE I
No.		Md.		U.S.			WIDOW	ED 🗆	DIVORCE	D 🗆	Baltimo			MD.
		ITY OR TOWN C		11. NAME OF HOSE	ILITY, GIVE S	TREET ADDRESS)	, OR OTH	ER INSTITUT	ION	12e. USUA FOR MO	LOCCUPATION ST OF WORKING LIFE <b>ESMAN</b>	TYPE OF WORK	OR INDUS	BUSINESS
A S. F. YOFF		Baltimor		South Ba	lto.	Gen. H	losp.	(DOA)	)	Sal	esman		Saco	Supply
24 HOURS AFTER DEATH. IF ANY DELAY IS TEM 18. GIVE PAGES 1, 2, AND 3 TO THE ONG WITH FORM PM 3. RETAIN PAGE PERMIT. PAGES I AND 2 SHOULD BE FILE SIENE, DIVISION OF WITAL RECORDS, 20 VAL.		Md.	13b. COUN			OR TOWN		13d. INSIDE CIT	TY LIMITS?	130 STREE	T ADDRESS	~ <del>6</del> : ~	eld Ave	
S. A. S. R. S. S. R. S. S. R. S. S. R. S. S. S. R. S. S. S. R. S. S. S. R. S.		ATHER'S NAME			Da.	LUO.		YES 🔀	NO D		Unest	erile	Ta Ave	•
WE SAL		Franci	is	MIDDLE	TAT	Idmar	1.6.1	Agn	PST	NNAME	-SMIDDLE I	).	Grab	116
N TO U	16g. \	WAS DECEASED	EVER IN U.S. ARA			IAL SECURITY		17. INFORM	ANT			RESS	Grab	us
VE P	(Y	NO Ye	(N) I (IF YES, GIVE	,1942-194	5 21	6-12-	0553	2845	Che	ster	field.	Ave.		
P. P. S. G.				ly one cause per line			ررر						APPROXIM	ATE INTERVAL
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N 24 HO N ITEM 1 ALONG IT PERM IT PERM IYGIENE		402	9 IMMEDIAL	DUE TO, OR					3, 5, 1,	001	41014500	Jean a		
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UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL HON, OR REA			toting the under-	DUE TO, OR	S A CON	ISEQUENCE C	)F							
ON A PEN		lying coosi	1031.	(c)										
ITING THE WORD "FENDING" IN PENCIL IN ITEM 18. 2ED TO THE CHIEF MEDICAL EXAMINER ALONG W. 3 SHOULD BE USED AS A BURIAL- RANSIT PERMIT. 1 SHOULD BE USED AS A BURIAL- RANSIT PERMIT. 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	PART 2 OTNER SIGN	IIFICANT CONDITIONS	CONTRIRUTING TO DEATH B	JT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITION	GIVEN IN PART	T 1 (a).				
AS AS CRE	CERTIFICATION	19a, DATE OF C	DEPATION	Tink CONDITI	ONLEGRI	WHICH OPER	A TIONI W	A C DEDE ODA	45.02				In	
BE USED ENTOF HI	5	I THE DATE OF C	J. EKATION	176 CONDIN	ONTOR	WHICH OPEK	ATION W	AS PERFORM	MED!				20 AUTOPS	
H Z	ER	21e. EXTERNAL	CAUSE WAS	21b. TIME OF	NJURY	_	121c HC	W INJURY	OCCURRED	) LENTER NA	TURE OF INJURY IN ITE	M ISPART I OR E	YES	NO X
TO THE HOULD BE ARTMEN		UNDERLYING	OR G CAUSE OF D	HOUR A.M.	MONTH									
PRIO TO	MEDICAL	214 INJURY O		21e PLACE O	FINJURY	(AT HOME,		ATION						
28 H	*	AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, E	TC.)	51	REET			CITY OR TOWN	C	OUNTY	STATE
CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR	100			e of the remains desc	مام اماما	bald	Autops		In and an	TY				
A SET A		death resulted			Accident		cide .	y L.J. Homici	Inspection	_	Inquiry	ond in my	philion	
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 PI	10	00011710301100	1		- Condelli	, 301	cide [_]	TITLE (SP		Ondelett	mied mainler [	,		
4454Em -		ACTUAL SIGNATURE	MV	12/1	1		M.			MEDIC.	AL EXAMINER	DATE	E 8-18-	-82
NER NER NOR	1	EXAMINER'S N	Lus	0										
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@\$ <b>\</b> \$	23a.B	URIAL, CREMATI Burial	ON, REMOVAL 2			NAME OF CEA				23d LOC.	IOWN		YINU	STATE
P			OP	8/21/82	Pa	arkwoo	od Co	emete	Y DATE DE	Ba.	Ltimore	Md.	SPINIALVIDE	-
HMH - 17	I"S	chimun	ek Fun	eral HOm			010	1	All	620	egiştrar 256 1982	Tolin	J. Toh	ug
(VR A15 ME (5))	13	331 Br	ehms La	ane Bal	.00	Md 21	213		110	J J	V			



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNXX 26 HOUR (TYPE OR PRINT) ESTI-8-17-82 ALDIRECTOR...
YOUR FILES. DEATH MATED EDWARD AGE (IN YEARS DAY 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE 71 BIRTHDAY 12.28.1910 YEAR PRONOUNCED 2:21/ MALE WHITE 8-17=82 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OPERATING ENGINEER UNION BALTIMORE CITY HOSPITAL BALTIMORE -UAL RESIDENCE (IF IN NURSING HOURS OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MILLERSWISLAND 134 INSIDE CITY LIMITS2 9014 CUCKOLD POINT MARYLAND 21219 III. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE PAUL WALDMANN MAMTE LAUGHLIN 17. INFORMANT ADDRESS III. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NOOR UNKNOWN) I (IF YES, GIVE WAR OR OATES) 213.07.0725 ELIZABETH M. WALDMANN (SAME AS 13e) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRJAL, CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING MWARDED TO THE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF I YES [ NOXIX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING GOR ITING I CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE Inspection 22e I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Natural causes XX Homicide Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL DATE 8-17-82 ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn STreet M.D (TYPE OR PRINT) Korell **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CREMATION 8/21/1982 BALTIMORE MARYLAND GREEN MOUNT CREMATORY 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** WALTER BROOKS BRADLEY, TNC. DUNDALK, MD. 21222 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



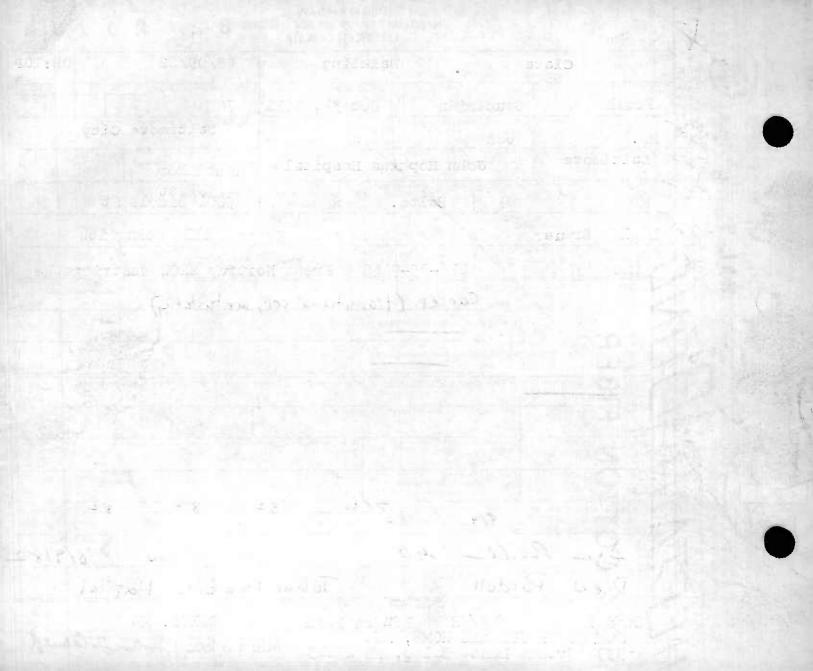
- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10 -1643- Q VIII White is not the DUA White I want to the Charle

33	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 9 8 4  CERTIFICATE OF DEATH  REG. NO.
(M) ==	I. DECEASED NAME (TYPE OR PRINT)  FIRST Class	MICHAEL TO THE TOTAL THE T
	Female	Caucasian  S. Date of Birth  Month  Dec 31, 1911  70  Wear stast Birthday)  Funder 1 year if under 24 Hrs  Months Days Hours Min.
10.83	MD	USA    S   BALTIMORE CITY OF COUNTY OF DEATH
by the	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN STORM). HOPKTENS Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOMEMAKE T
in 24 hour y filled in thould be	MD 136 COU	Balto. YES K NO 5002 Biddle St
completel	Ewald Brauer	
be exect	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN)  NO	RMED FORCES?   166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS   17 INFORMANT ADDRESS   186 SOCIAL SECURITY NO. 187 INFORMANT ADDRESS   187 INFORMANT ADDRESS
RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND Equires that the death certificate be executed within 24 signed by the attending physical particles remove carbonaparism by the pieces remove carbonaparism by the pieces remove carbonaparism by the redical examiner many, or other traumatic event, the medical examiner many intry, or other traumatic event, the medical examiner many.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECO	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir contending physician.  Viter this certificate has been sig as the burial-transit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or Item 18 shows any injury.	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	
ATTENDING ospital or other other of other other other or other or other or other or other	220.1 certify that (1) (this hasp	ital) attended the deceased from 7/30 19 82, ta 8/9 19 82, that (I) (we) last style with body after death.  DEGREE 122c DATE SIGNED
TO HOSPITAL OR retained by the hard TO FUNERAL DIR should be detach with the Stote Degrammer of the Stote Degramme	27d PHYSICIAN'S NAME (TYPE	andell MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN \$ 8/9/82
BP DE STATE	236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL SEHTRMUNEK 3331 Breh	FUNERAL HOME, INC 250. PATE REC'D. BY REGISTRAR'S STONAGERE



STATE OF MARYLAND

	1 - STATE REGISTRAR		DEPARIM	CERTIF	ICATE OF DE	ATH	REG. N	0.	0 9	0 0
Ī	1. DECEASED NAME FIR		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	·Wi	LLIAM HE	enry	w.	ALLACE		AUGUST	- 4	1982	7:07 P
1	3. SEX	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	Blac	ck	10	6	18	63	YRS	MONTHS DAYS	HOURS MIN.
9	BIRTHPLACE (STATE OR FOREK COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	RRIED -	9 BALTIMORE CITY C	COUNT	Y OF DEATH	M
1	Baltimore	Nort!	HOSPITAL, NURSING THE FACILITY, GIVE STREET AD Charle	S Ge		NOIT	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (			F BUSINESS OR
	Maryland	OME OR OTHER INSTITUTION COUNTY	Baltimo:		136 INSIDE CITY	LIMITS?	13. SIREET ADDRESS 2733 Gat	ehou	se Dri	ve
1	Henry	WIDDIE	Wallace	9	15 MOTHER'S M De.	iden nan İzina			Lee	1
	(YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUR 218/03/		Marga:		orks 2733		ehouse	Drive
	Conditions, if any, whi gave rise to immedia	DUE TO, O	Bicatere R AS A CONSEQUEN	ICE OF	pneur	ronia	with al	Roen	APPROX.	MATE INTERVAL ONSET AND DEATH
	underlying couse la  PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO		ATH BUT			200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
,	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		F INJURY M. MONTH DAY	YEAR	216 HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU			

P.M

21e. PLACE OF INJURY

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from

22b. SIGNATURE

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

nd that in (my) (our) opinion death occurred an the date and haur and from the couses stated

CITY OR TOWN

22c. DATE SIGNED

G. VERGARA-SOARES

22e. ADDRESS W. CHARLES

(SPECIFY) BURIAL
24 FUNERAL DIRECTOR

8/9/82

23c NAME OF CEMETERY OR CREMATORY Mt. AUburn Cem

23d LOCATION
CITYORTOWN
Baltimore

Md.

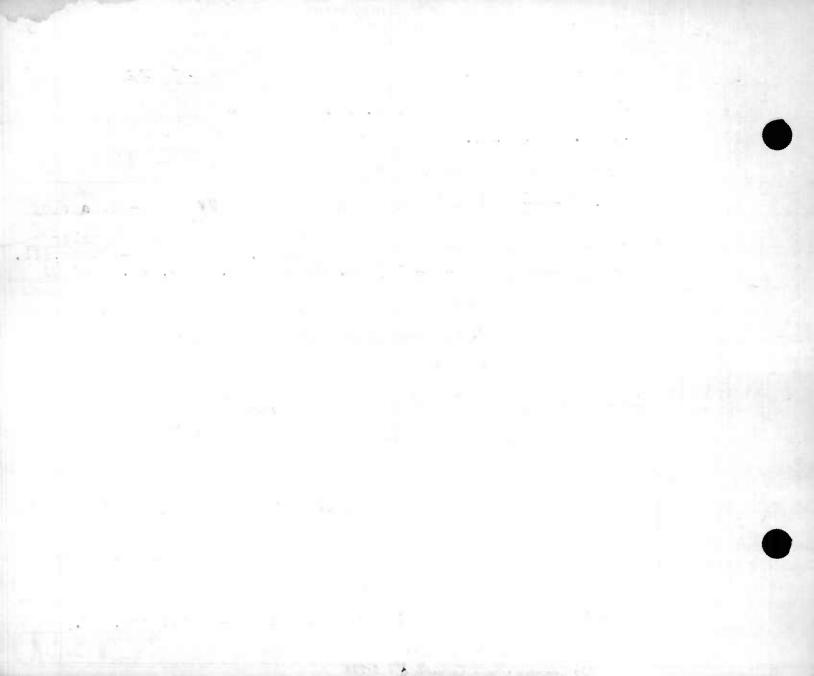
Wm.C.March F/H 1101 E.North Avenue

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT:

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IMPORT,

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS E. Daisy Ward August 10 1982 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 23 59 Female Black BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED X NEVER MARRIED MD USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 2111 Callow Avenue WAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 2111 Callow Avenue 13d INSIDE CITY LIMITS? Baltimore MD YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bishop Verdella Brown Clarence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 217-18-3576 Ernest B. Ward 2111 Callow Avenue APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a)\_ Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Carcinoma of lung with metastases July 1979 gave rise to immediate couse ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PM

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

present

COUNTY

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

DEGREE M.D.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 8/10/82

YES [

22d PHYS CIAN'S NAME (TYPE OF PRINT)

210. ACCIDENT WAS UNDERLYING

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

F.S. Leacock, M.D., P.A.

220.1 certify that (1) (this hospital) attended the deceased from.

22e. ADDRESS

3502 W. Rogers Avenue, Balto. Md. 21215

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial

23d LOCATION Baltimore

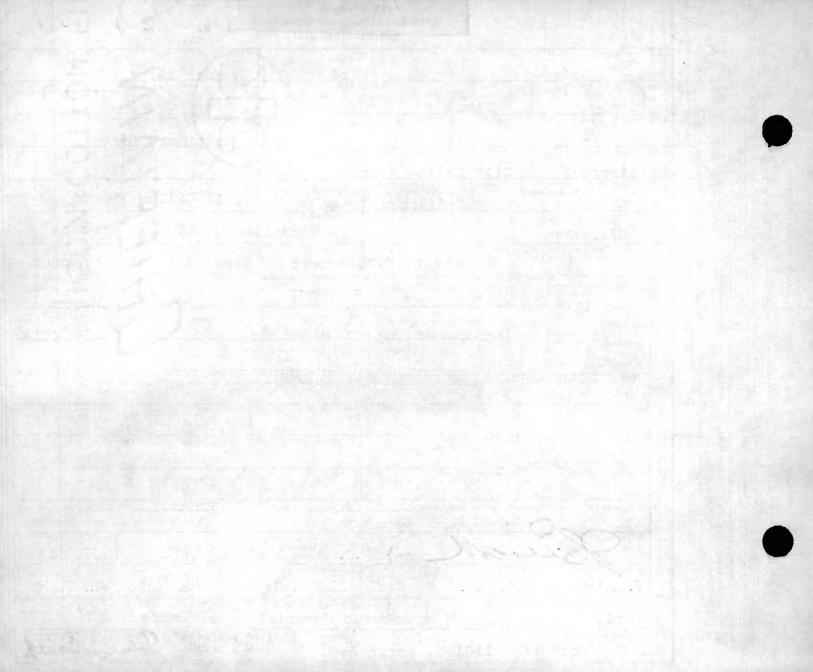
COLCO.

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

FOR

Wm. C. March F/H 1101 E. North Ave.

8/14/82



1 - FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 5. NO.	0 9	8 8
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F	HACE C \	5. Date of Birth	6. AGE (IN YEARS LA		WONTHS DAYS	IF UNDER 24 HRS
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214 INJURY OCCURRED  214 INJURY OCCURRED  AND	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM. ETC.) 211. LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
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27h SIGNA (1884		DEGREE ATTENDING PHYSICIAN [	MEDICAL S	TAFF	22c. DATE 5	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Esblaca

Owing Mills, Md.

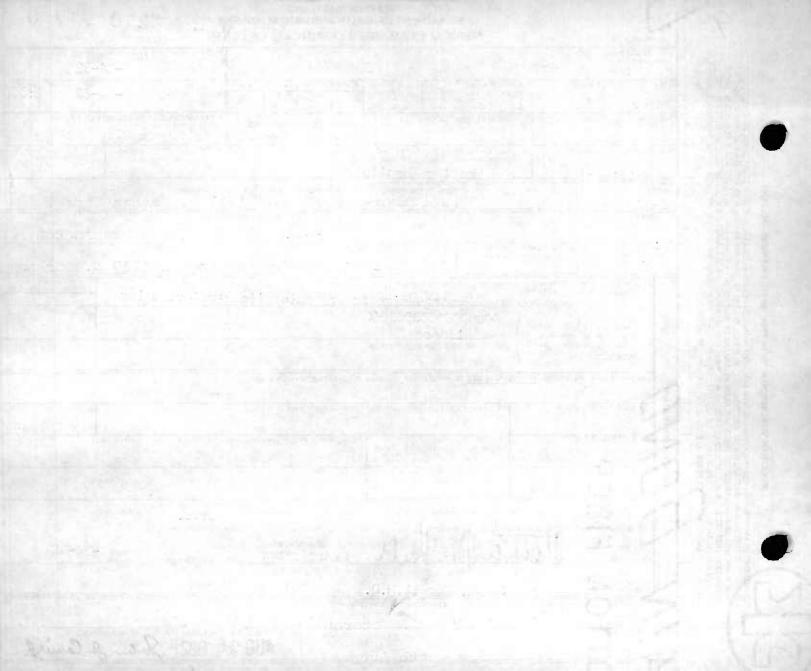
Commented to the comment of the comm STOP WARMA WARD OF SOLENIES 72 25-20 - 30 - 57 MARRICHARD OF SA WHITTINGS STRAIT HOSPITEL LEW HARSHELDS ALD BAITO RESTENDANT OF BOY HALL ON TAMES KINKEWAY LIFTH SECRETARY AND THE SECRETARY MARKET CONTRACTOR There were here to war of war of a standard shaded Control of Line of Mark Constitution of the 1. X 18-20-82 Dismiller to Integral with TABART 123701 Aug. 75, 1982 Druid Midgo Can. . Pikosville, Selto., Mi. Wiles Miles Mi. active - Co. No.

STATE OF MARYLAND

84785863 Clifton C. Wandham - 1213 inguland U.S.A. Hall this second that heorified totoline Letimol 25 ap A da temperatural . Del demodrat 000 z | Delegant 184. | Delegant 184. | - 1 m Migni . in dayment on. 211-10-8-58 Baselor S. Maseburn - Detenaville, Margland 212 Remini Managhan 20,83 Naminaide Sa. R. Lorser Roward MD. Larcy M. a Ramaghan. Misso Superal Sons p.A. Askel B 2007 A. Askel B

20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) F RANCIS WATERS CHARLES 19 AUGUST 7:45Am 1982 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR DAYS MALE WHITE 2/22/1906 76 A BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. DIVORCED WIDOWED BALTIMORE CITY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CHURCH HOSPITAL INC. Sr. Mech. Engr Fed. Gov't SUAL RESIDENCE HE NURSING HOM OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE NI COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE DUNDALK NO X 66 SHIPWAY 21222 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FRANK WATERS MARY HARTLOVE WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218.22.0292 MINNETTA C. WATERS Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line to 101 101 ong 101 OF CARCINOMA OF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE LUNG WITH METASTASES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OF LOWN COUNTY STATE WHAF NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from AUGUST17 AUGUST saw the decased wilve on AUGUST 19 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated did) (did not) view the body after death 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) HOSPITAL CORPORATION MPORT, A.F. NAZEMI, M.D. 1.00 BROADWAY BALTO 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN BURIAL 8/23/1982 MEADOWRIDGE CEM ELKRIDGE MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222 AND 2.0

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Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) LECTION CONTRACTOR STORY

FOR STATE

## STATE OF MARYLAND

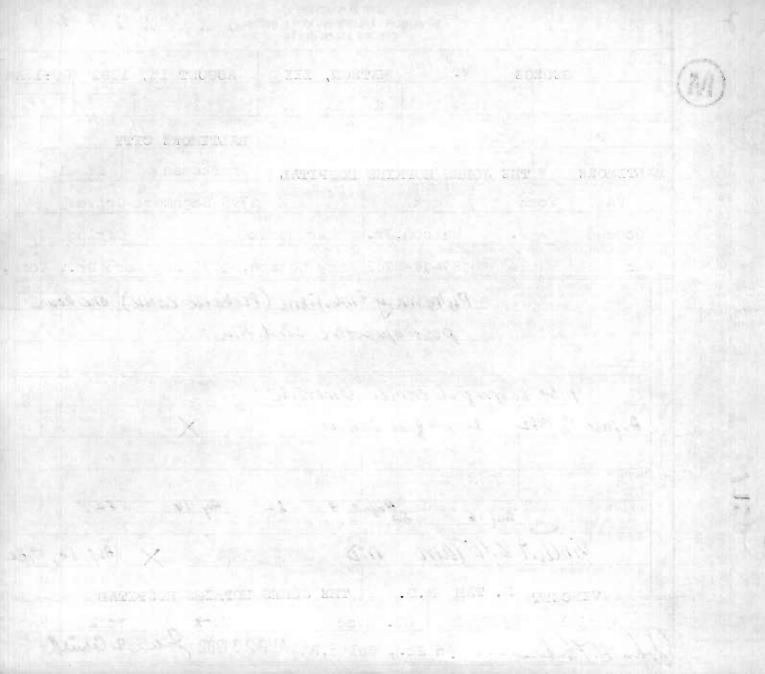
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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REGISTRAR			CERTIF	ICATE OF DEA	TH	DEC N	0		
DECEASED NAME	FIRST	MIDDLE	L/	AST	20.			DAY YEAR	2b HOUR
(TIPE OR PRINT)	GEORGE	V.	PAW	SON. II	I	AUGUST	16.	1982	09:16A
I SEX	4 RA	AUGUST 16, 1982 09:16  14 RACE  15 DATE OF BIRTH  16 AGE (IN TRANSLASS BIRTHORA)  15 CITIZEN OF WHAT COUNTRY?  WIDOWED  WIDOWED  WIDOWED  DWORCED  BALTIMORE CITY  MINORE MODILE  MINORE CITY  MINORE MODILE  MINORE CITY  MINORE	IF UNDER 24 HRS.						
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O. CITY OR TOWN OF				ROTHER INSTITUT	TION 12a	USUAL OCCUPAT	ION	12b. KIND C	
BALTIMOR				HOSPTTZ					eel
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PA	York				W M		more	Drive	
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George			tson, Jr.	Margi	uerite	WIDDLE		Doring	id
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	ial 8	1/19/82	Mt. Ro	OSA		YORK		COUNTY	STATE D A

Kukins 600 Main St., Delta, PA

DHMH - 16 50M 1/81 (VRA 15, 4)



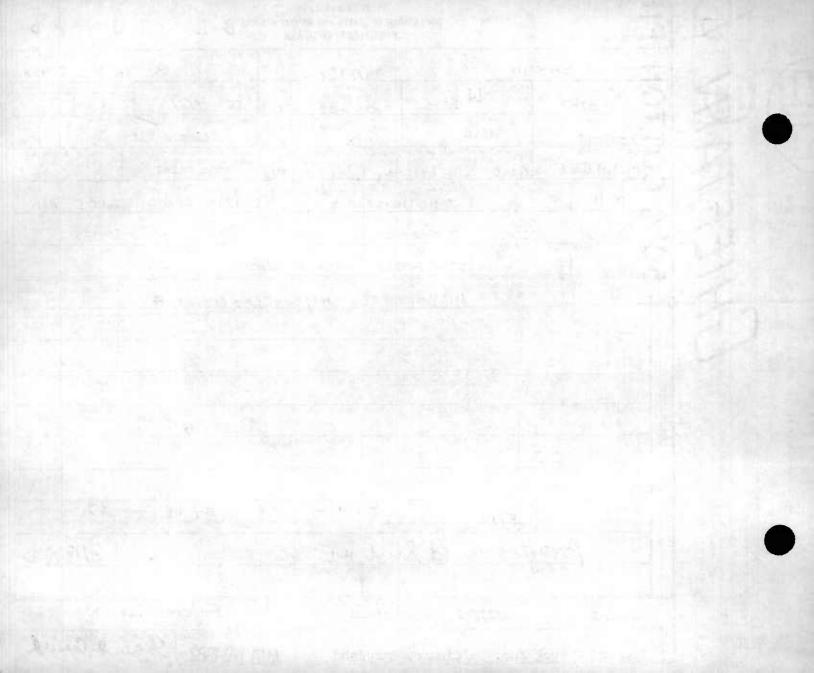
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quires that the death certificate signed by the attending physicii Then please remove carbon paper to burial, cremation, ar removal.	njury, ar ather traumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Description of the property of	07-82
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DHMH - 16 50M 1/8 (VRA 15, 4)	31	24 FU	NERAL DIRECTOR		RAR'S SIGNATURE

F 19 19 63 New W.S. A. X TOPES BUTTO ESTABLE BAKTO ... A TELL GORDE HOPENHE FROM PILL ... COOK ... COOK 3017 The alimeda BALTS: X 19 ch Detrois Levenne 220-01-2757 ALEE YOKLARD 3609 Kottam Rd A ST CO. ST SAME AND A STATE OF THE STATE OF THE STATE OF a count and The second second Bureal 8/11/89 astrothe man Ft advates in a LOCKS HUNGARK HOME 1304 M. CONTAINS AND ISLIBE ( SHE & STARS)

Leonard J Ruck Inc. Baltimore, Maruland

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



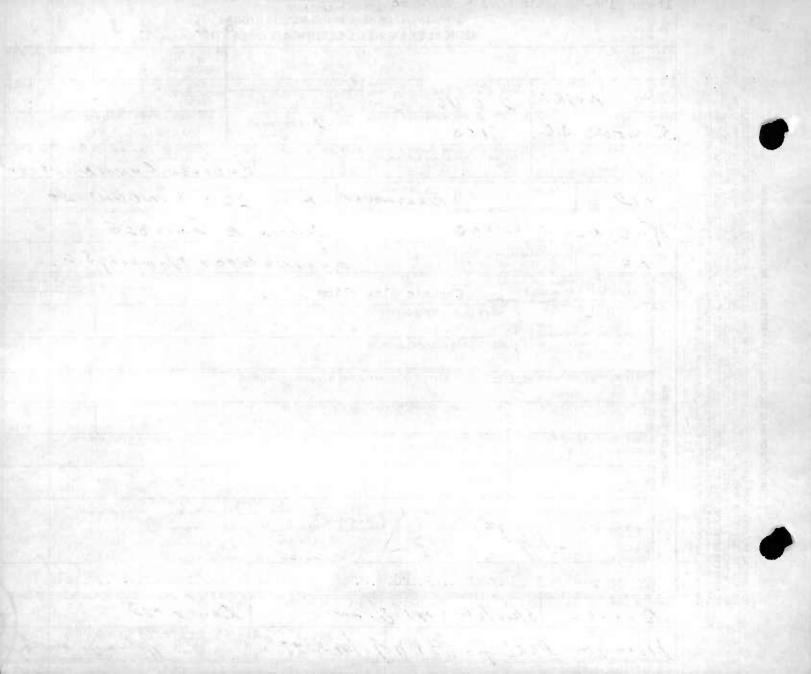
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH LIYPE OR PRINTS CLEVELAND 8:02 M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MAL 04 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SECOURS UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 21403234 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: ARDIO - RESPIRATORY MRIREST IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF SQUAMOUS Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 EHY DRATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF WJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INTURY 21 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify the this hospital attended the deceased fram 82 and that in saw the deceased alive a purion death occurred on the date and haur and from the causes stated do no view the bady after death DEGREE 22c DATE ATTENDING MEDICAL shaufd b NAME OF CEMETERY OR CREMATORY 23d LOCATION HMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

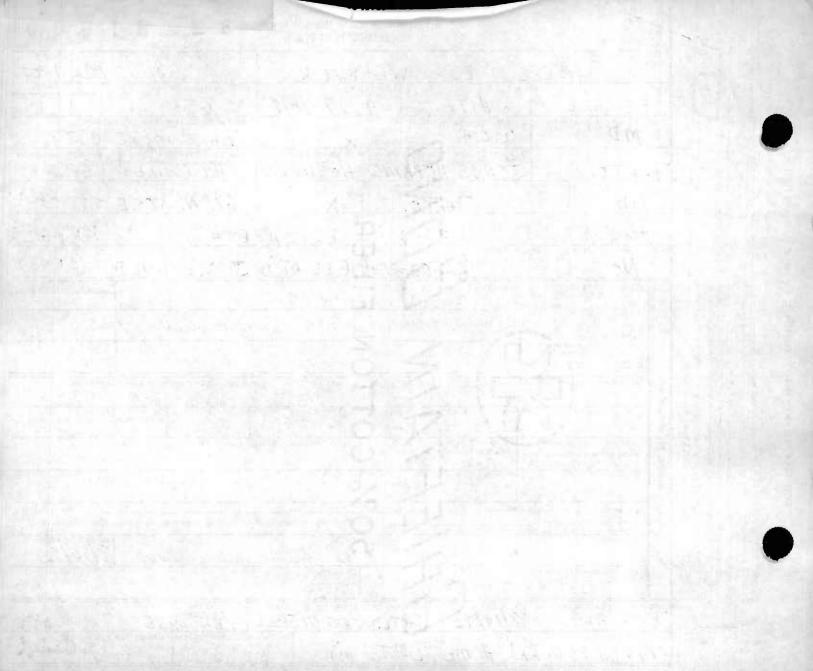
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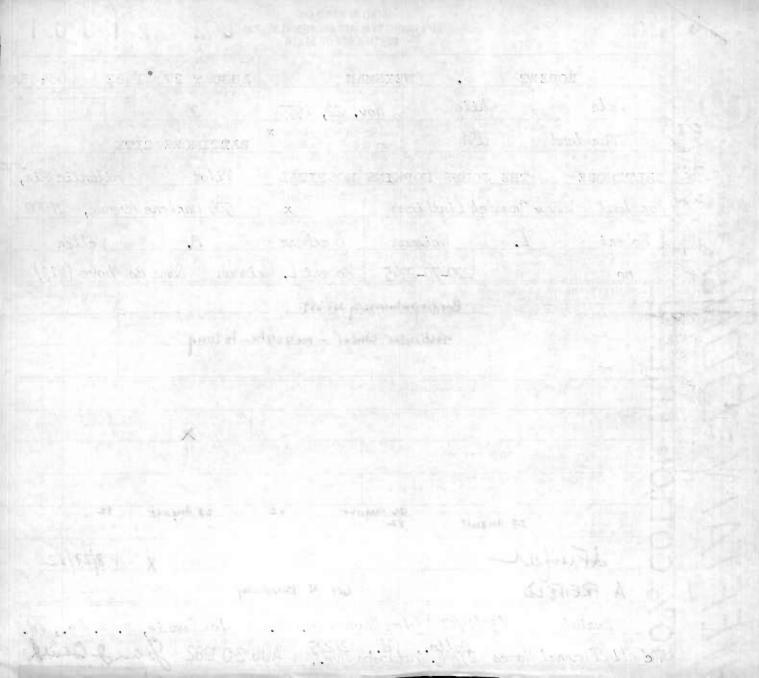
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M)	3. SE		A RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
R	/a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	YRS.  DR COUNTY OF DEATH  MORE C17	
3	10. C	ALTO.	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION KINS HOSPITAL	12a. USUAL OCCUPAT	ION 126 KIND OF	BUSINESS OF
135	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		RE ADMISSION)		ROSE ST	2/20
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art permit. Then ple giene prior to buris diawi gity injuty, or	RTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	GS USED
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SEAL OF SECOND Asses has central by detached for use on the buring's Store Dept. of Health and Mercall ANT: If them 21 is marked or them.	1	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  22a. I certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did not obove, (I) (we) (did) (d	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ontal) attended the deceased from atty view the body after death.	DAY YEAR  19  71f. LOCATION  STREET  , 19  , and that in (my) (aur) apining	70a AUTOPSY?  YES NO URRED (ENTER NATURE OF INJU  CITY OR TO  on death occurred on the de	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES CYES CYES COUNTY  WAN COUNTY  22c. DATE S  22c. DATE S  25c. DATE S	GS USED OF DEATH? NO STATE state (1) (we) los
TO FUNCEAL DIRECTOR. After this certificate has been signed should be detected for use as the burief-frontic primit. Then pile with the Store Dept. of Health and Mercial Hygiene prior to buring UMPORTANT, if them 21 is morked as them LE shows day injury, or	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  22a. I certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did no	216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  ortal) attended the deceased from not view the body after death.  R & Office  OR PRINT)  S and i	DAY YEAR 19 FARM, ETC.)  216. HOW INJURY OCC 2	70a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  on death occurred on the do  MEDICAL STAL  DIRECTOR PHYSIC	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES CYES CYES COUNTY  WAN COUNTY  22c. DATE S  22c. DATE S  25c. DATE S	GS USED OF DEATH? NO STATE state (1) (we) los





## DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH TYPE OR PRINTI IRENE 3 SEX 6. AGE | IN YEARS LAST BIRTHDAY) DEC. 2, 1908 AR FEMALE WHITE 73 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARKIN NEVER MARRIED °MARYLAND USA BALTIMORE CITY WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION SINAT HOSPITAL HOUSEWIFE WORKING LIFE) BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION MARY LAND 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5818 GREENSPRING AVE. BALTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ELSIE HARRTS ESPRIDGE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT REUBEN WETTZMAN IYES, NO OR NHCHOWN) (IF YES, GIVE WAR OR DATES) 213-05-3566 5818 GREENSPRING AVE. BALTO, MD 21215 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY CHRDIOGENIC SHOCK IMMEDIATE CAUSE to ALUTE ANTERIOR MI Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (I) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO BAETIMORE

SOL LEVINSON & BROS., INC.

BALTO., MD 21215

FOR

REGISTRAR

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

12b. KIND OF BUSINESS OR

21215

INDA'STRYHOME

GASKEL

YES [

250. DATE REC'D. BY REGISTRAR 15th

COUNTY

22c. DATE SIGNED

MARYLAND

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7	ne.			ASED NAME	FIRST O	tho	MIDDLE Gra	ay '	WELL.	S	2a. DATE C	F DEATH	MONTH DA	LY YEAR	26 HOUR 20
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1 4 7	(MI)	3	SEX	Ale		4 RACE	te	5. DATE C	DAY	1 YEAR	6 AGE (IN	YEARS LAST BIR	MC	UNDER I YEAR	IF UNDER 74 HRS. HOURS MIN.
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e execut	Poges 1	2 "		S DECEASED EVER I	U.S. AR	AED FORCES? WAR OR DATES)	166. SOCIAL SI 216-1	4-7654	Mrs.		aret	ADDRE Y. We		e as (wife	
ne low requires that the death certifon.	has been signed by the ottending placemit. Then please remove corbangene prior to buriol, cremotion, or remove only injury, or other troumotic eve		NOI P	PART I. DEATH W.  1850  Canditions, if any, gove rise to imm cause (o. stating underlying cause  ART 2 OTHER SIGN  DATE OF OPERAT	which ediote the last	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSE	OUENCE OF			NAL DISEAS		206. IF YES, V	WERE FINDIN	NGS USED
AN: TI	ronsit Hygin	1		TO ACCIDENT WAS UNDE		216. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURRE		ATURE OF INJUR		Name of Street	
C PHYSICI	s the burial-r s ond Mental rked or Item		WEDICA 2	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P., 21e. PLACE	Μ.	19	211 LOCATION	N		CITY OR TO	W	COUNTY	STATE
ATTENDIN Spital or	CTOR. Af J for use o t. of Health n 21 is mo			sow the decease abave (I) (we) (d	dolumo	8/2	10	\$2 , an	d that in (my	aur) opinion d	eath occurre	ed on the do	te and hour c		that (1) we) lost causes stated
ITAL OR	ERAL DIRE		-		~~~	)		(	PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		8/2/8	SIGNED SIGNED
O HOSPITAL	should be def with the State			Brian Spa	John	amo	)		Ration	M6,	OUR		scho	rles	BAGUS
BP.		23		RIAL, CREMATION, R SCIEVE Buria	V	236. DATE		Meador Meador			23d LOC		ridge	COUNTY HOW:	ard Md
- HMHC	16 50M 1/81 (A 15, 4)	24		ERAL DIRECTOR  NAME  INGLETON	4,6	11/1				25a. DATE		REGISTRAR	Sh REGISTRA	AR'S SIGNAT	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		
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9.58 A	x Male		i race Wh	ite	S. DATE C	DAY YEAR	6 AGE IINYEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
3 0	Pennsylvar	nia		WHAT COUNTRY?	WIDOWE		Baltimore (	City	DEATH	MD.
	Baltimo	re	Mary	land Gene	eral I	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATI ITYPE OF WORK FOR MOST O Operater C	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
Pe	DUAL RESIDENCE IN NURSING HOM OR OTHER INSTITUTION GIVE RESIDENTS TATE  Penn. Luzerne Cony				N	13d INSIDE CITY LIMITS? YES NO 20	13e STREET ADDRESS 302 Main			
	ATHER'S NAME FIRST AZfrec	7	C. Wenn			15. MOTHER'S MAIDEN NA FIRST Anna	ME Kropp		LAST	T
	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES	16h SOCIAL SECUI			David Wehne lair, MD.	<i>5</i> 5		
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	one couse per BY: CAUSE (a)	Congesti	ve He	art Failure				weeks
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NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERA		19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO 【▼	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
-	210 ACCIDENT WAS UNI	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 21	177

21b. TIME OF INJURY MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH YEAR

AT HOME STREET, FACTORY OFFICE, FARM, ETC )

BENZ

211 LOCATION

CITY OR TOWN

COUNTY

STATE

NOT WHILE 22a I certify tha KIX (the Xospital) attended the deceased fra August saw the deceased alive on

21e. PLACE OF INJURY

August and that in 1600 (aur) apinian death accurred an the date and haur and from the causes stated

August

22c. DATE SIGNED

above, (X (we) (did) 22b. SIGNATURE

21d. INJURY OCCURRED

82

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e. ADDRESS

C/O Maryland General Hospital

20	ISPECIBULIAL

23b. DATE MOVAL 8-27-82 23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

DEGREE

23d. LOCATION Butler Township, Luzerne Penn.

DHMH - 16 50M 1/B1

MPORTANT:

BP.

(VRA 15, 4)

Hygiene

8

MEDICAL

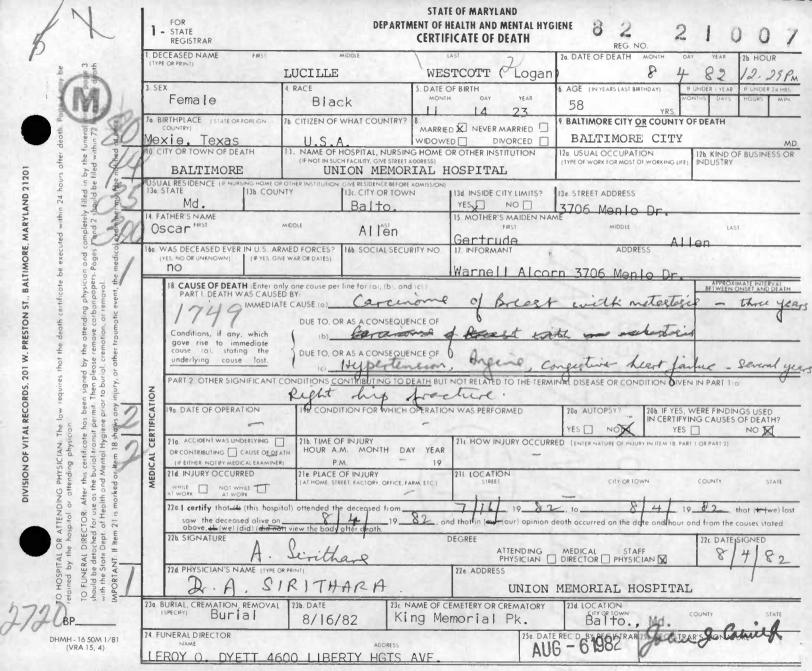
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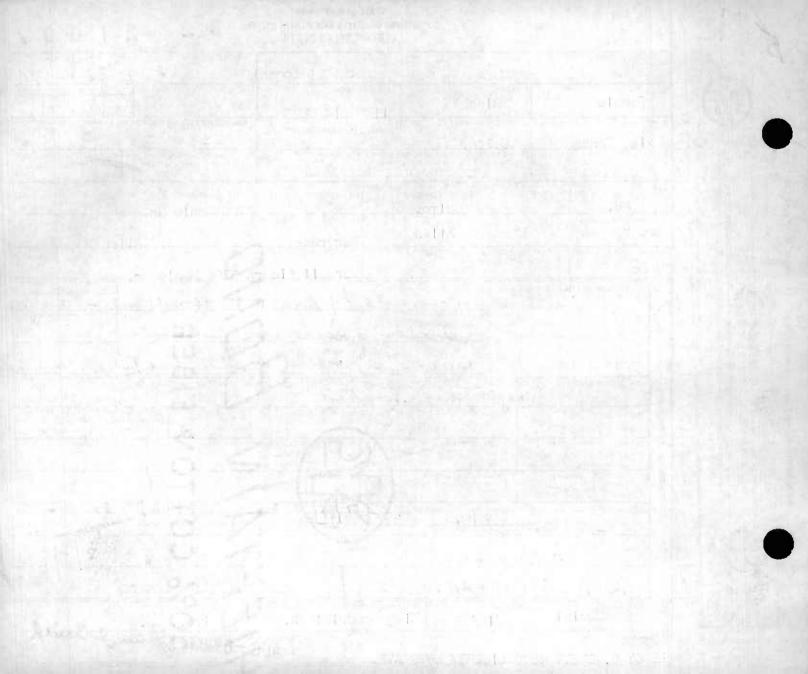
8728 Liberty Road Randallstown, Maryland Inc. 21133 AUG

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deoth.	100	10.6	IRTHPLACE (STATE OR FOREIGN CONNIRY) Maryland ITY OR TOWN OF DEATH	V	WHAT COUNTRY?	WIDOWE	DNO	RRIED 🔲	Balto Balto 120 USUAL OCCUPATI	. Cut	Y	MD.
1201	113/	ISU.	Bulto AL RESIDENCE (IF NURSING HOME	Butto.	CHUTOS	address)	-Caron		(TYPE OF YORK FOR MOST C		House	work
LAND 2	195	130	STATE 136 COI		Baltim	ore	VES NOTHER'S M	00		ell Str	eet	
, MAR)	omples 500		Herman	WIDDLE	Urlahs			dalena			Wolf	
TIMORE	3. Pages		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	212-74-		Paul P	. West	416 Corne		reet 21	224
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AL RECORDS	ion.  thos bee if permit iene prio nows only	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	VERE FINDINGS NG CAUSES OF	USED DEATH?
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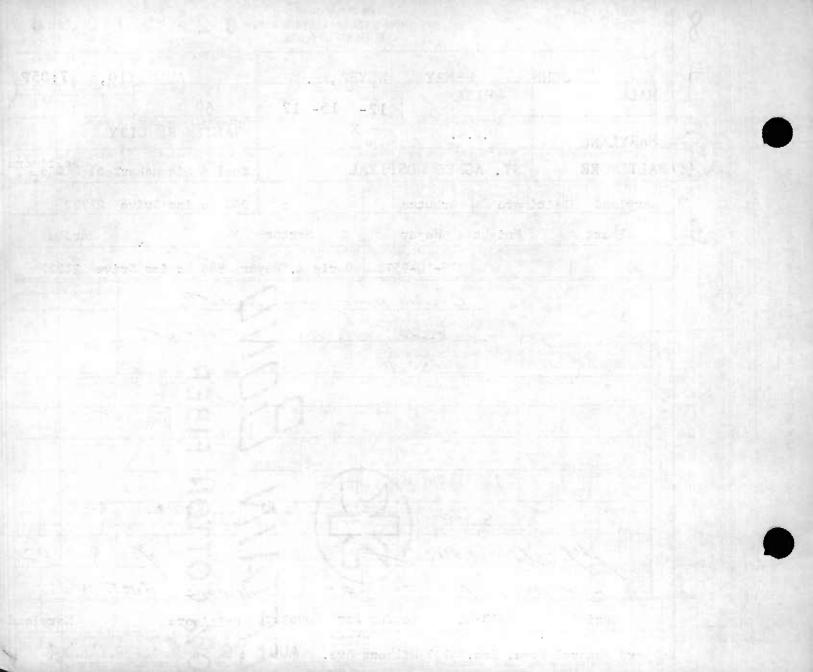
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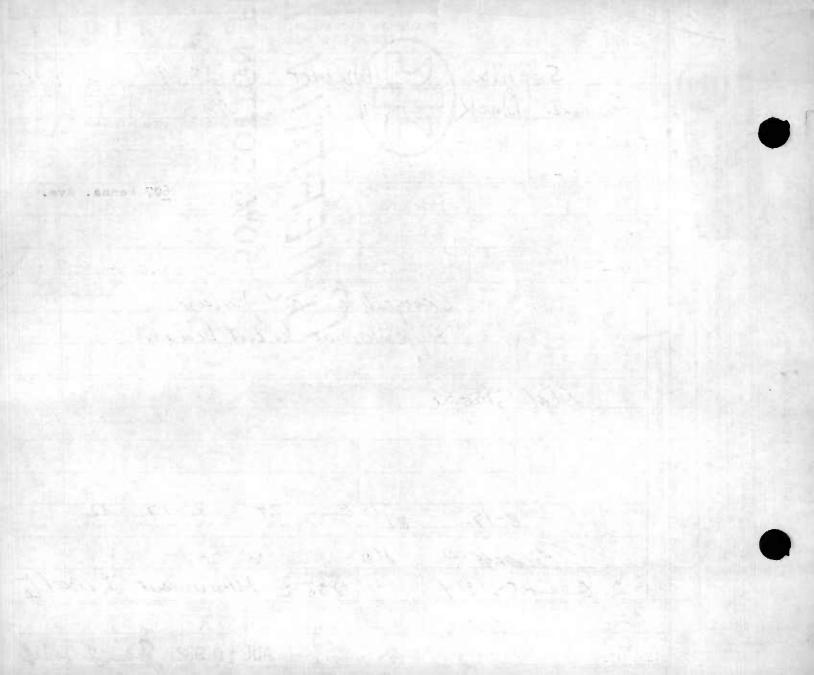




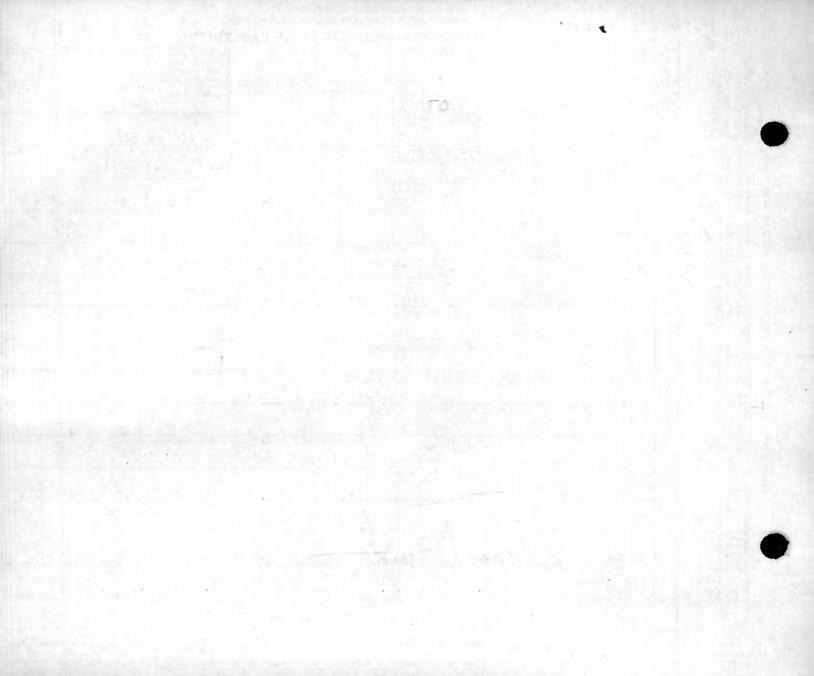
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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	Lloyd		MIDDLE		Plur	n		Emma			********		Syp	pold	
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IFIC													1.13	YES 🗆	NO 🔯
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-	death resulted	fram: Nay	ral fauses		Arrident	X, Su	ic/dy 🔲	Hamicide		determined m	onner [	].			
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5	L	FOR - STATE REGISTRAR	DEPARTMENT OF CERT	ATE OF MARYLAND F HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 2	21011
<	ТТҮР	ECEASED NAME DE PIRST	E U	Vhite .	20. DATE OF DEATH	08 14 82 24° M
	3. SE	Female	CAUC, S. DAT	E OF BIRTH  DAY  YEAR  22	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 4 HRS.  MÖNTHS DATS HOURS MIN.  YRS.
35		COUNTRY BAHMOR	WIDO!	RIED NEVER MARRIED NEVER MARRIED DIVORCED	BAT	TIMOSE City MD.
16	Æ	altimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL		Catalyst	Res. 12b. KIND OF BUSINESS OR INDUSTRY Supervisor
65	<sup>13a.</sup> N∈	evada U COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN TOWN LAS Vegas	YES NO [		cico Drive
103		Leroy	Hennick	Caroline	e S.	Jenkins
Sedico		WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) (IF YES, GIVE	WAR OUD ATEC	Carolyn Mad	ADDRE	141 Cabrico Dr.
injury, or ather troumatic event, th	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	y one couse per line for (a), (b), and (c), (b), and (c), (c), (c), (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	sepsis vel zischemin	EDEMA	BEIWEEN ONSET AND DEATH
ony inju	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
morked or hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WMILE OUT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)			RY IN ITEM 18 PART I OR PART 2)
Item 21 is		22a.1 certify that (1) (this hospite saw the deceased alive an obove, (1) (wa) (did) (did not)	view the body ofter death.	DEGREE M.D. ATTENDING PHYSICIAN [	, 10	ste and hour and from the causes stated
IMPORTANT: IF		PAULS	Schwartz Mic	150N (UN)	), tal 21	Dere & Greenspring
	23a (	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/18/82 Morela	cemetery or crematory and Memorial	Pk - CITY OF TOWN	o., Ballo., MD

Miller, Inc., 6415 Belair Rd.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

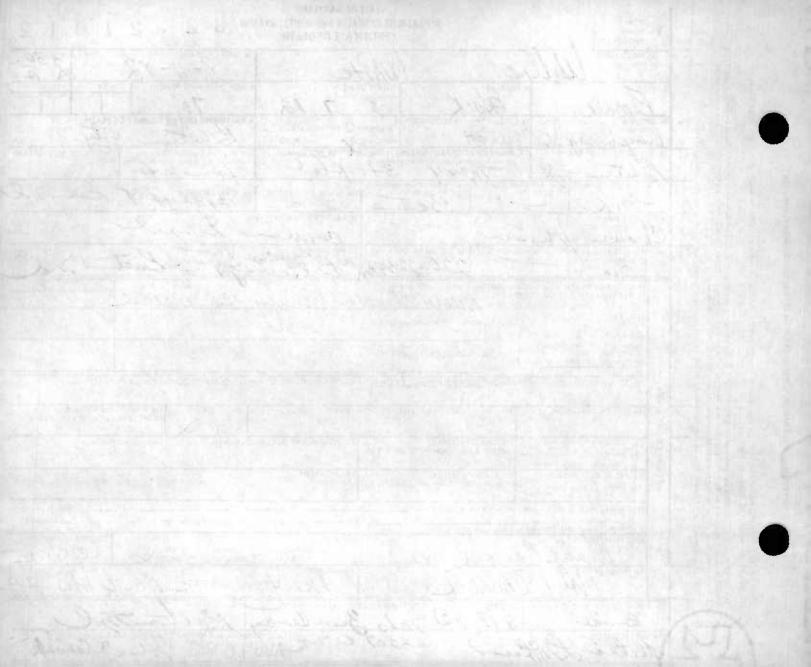
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

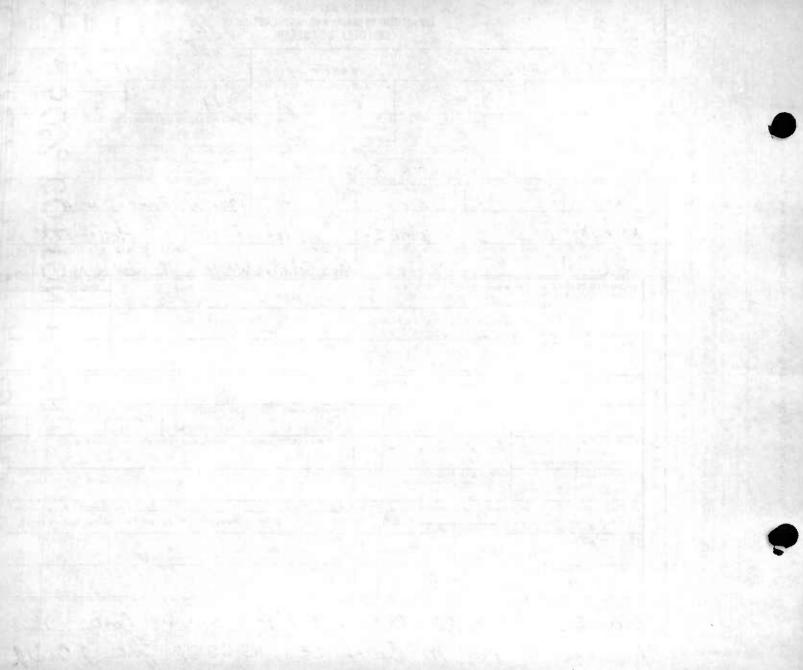
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Exhauld be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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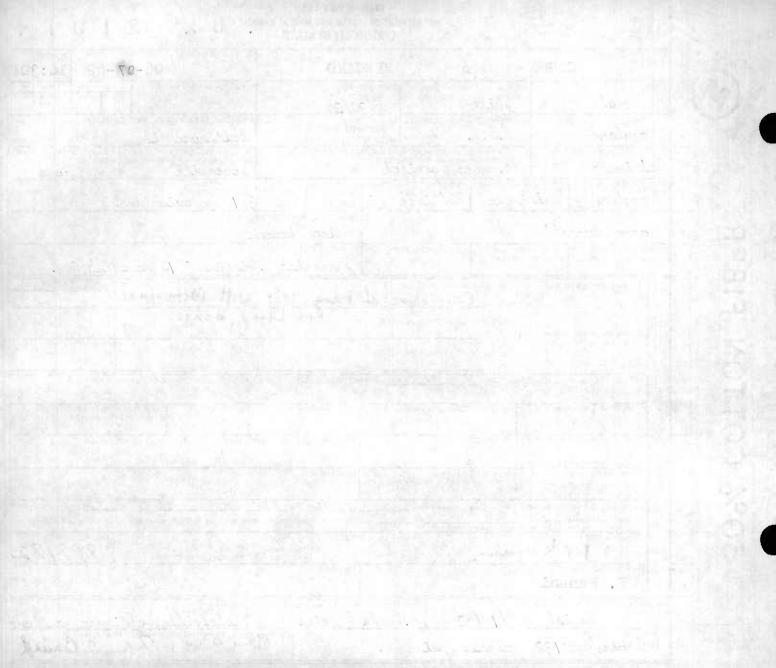
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135	USUA IJa. ST	L RESIDENCE (# NURSING HOME OR OT ATE	HER INSTITUTION GIVE RESIDENCE BEFORE ALL	136 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	of of Betwood
1 12 10	a	Lacle John	IAST LAST	15. MOTHER'S MAIDEN NAM	Dex	al LAST
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ATTENDI April or other of Heal of Heal		saw the deceased alive an above, (I) (we) (did) (did nat)	) attended the deceased from	, and that in (my) (aur) opinion d	eath accurred on the do	, 19, that (1) (we) last ate and hour and from the causes stated
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D HOSPI D HOSPI O FUNE Should be wedertab		22d. PHYSICIAN S NAME (TYPE OR P	PARROLL	MERCY 9	40 SPITAL	BACTO MD. ZIZOZ
302	(5	Bural	236. DATE (23c. NA) (23c. NA)	ME OF CEMETERY OR CREMATORY.	13 LOCATION	STATE STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	A. FU	Pethie Ling	ADDRESS 3	SOT W MALE 250 DATE AUG	1 6 1982	John & Cohief



		FOR		DEPARTME		E OF MARYLAND EALTH AND MENTAL HYG	IENE() ()	0 1	0 1	-2
2	1.	STATE REGISTRAR				ICATE OF DEATH	REG. NO	4	0 1	9
		CEASED NAME FIRST		MIDDLE	i	AST		MONTH DAY		b. HOUR
noy be	(	ROLA	NI)		V	VHYE		8-17-	82/	12:03PM
4 g ( )	3 SE)	MALE	A RACE	ACK	S. DATE C		6 AGE (IN YEARS LAST BIRT	MONTH:		F UNDER 24 HRS
oth. Page	1 CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) PEKA , KMNISAS		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		EATH	
offer de	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING	DRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND OF E	BUSINESS OR
in by		AL RESIDENCE (IF NURSING HOME O		SHING TON	PE	os Hosp.				
filled to 24 ho	13a S	Md 13b COU	NTY	136. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	1701 W.	Posers	AVE	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vision and campletely filled in bapers. Pages 1 and 2 should be it wol.	14 FA	ROLAND	MIDDLE	WHYE	5~	15 MOTHER'S MAIDEN NAM	SHARRON -	Ha	MH151	ON
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., OF PHYSICIAN: The low requires that the death certificate has been signed by the attending physician. Then please remove carbonp as the burial-transit permit. Then please remove carbonp hand Mental Hygiene prior to burial, cremation, or remorked at them 18 show any injury, or other traumatic events.	CAT	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	CAUSES OF	S USED F DEATH?
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DHMH-16 60M 1/73	24 FL	INERAL DIRECTOR	1	ADDRESS /	1 11	O S C 250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATUR	E
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

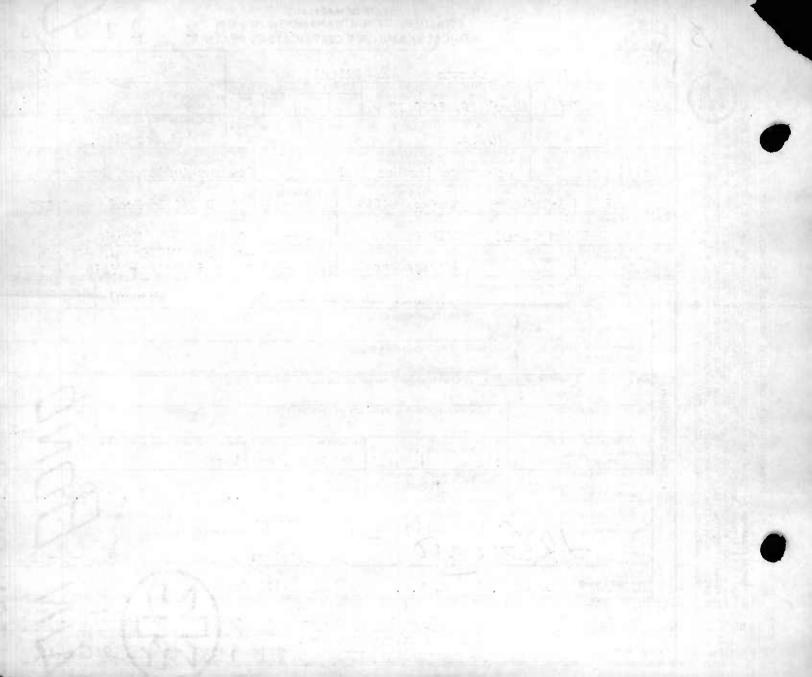


42		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2										2 1	0	1 5
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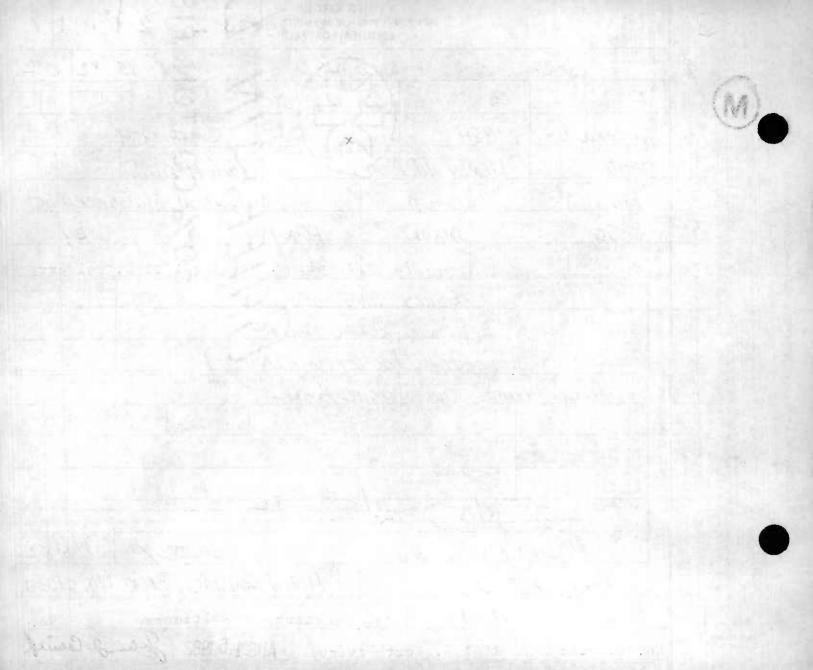
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-William Thomas DEATH MATED Wilhoit 28 19 AGE (IN YEARS | IF UNDER 1 YR. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 24. HOUR P: 45 LAST BIRTHDAY) PRONOUNCED March 19, 1970 12 19 82 White 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Student-Arlington Raptist Johns Hopkins Hospital Baltimore UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Owings Mills No Em 102 Dolfield Road 21117 YES 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wilhoit William Samuel Lydia Marsh Jean 17. INFORMATION 60 WAS DECEASED EVER IN U.S. ARMED FORCES? WYPEFam S. Wilhoit 166. SOCIAL SECURITY NO and Mrs. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216-98-4652 102 Dolfield Road Owings Mills, MD21117 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, N, OR REMOVAL. Gunshot wound of Head (unspecified Weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (n) CAE, WRITING THE WORK-FORWARDED TO THE CHIEF A COR. PAGE 3 SHOULD BE USED. THE STATE DEPARTMENT OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 216. TIME OF INJURY
HOUR XXX. MONTH DAY YEAR 710 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH 7: 30 P.M. 8 1982 subject shot himself 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) 102 Dolfield Rd. Owings Mills Balto. Co. . AT WORK Home EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BATTMORE, MARYLAND, 2 Inspection XX 220 I certify that I took charge of the remains described above, held an Autopsy Suicide XX Accident Hamicide L Undetermined manner deoth resulted from: TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-29-82 SIGNATURE. EXAMINER'S NAME III Penn Street Hormez R. Guard, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Woodlawn Lorraine Park Cemetery Baltimore Maryland Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 8728 Liberty Road Randallstown, MD. (VR A15 ME (5))

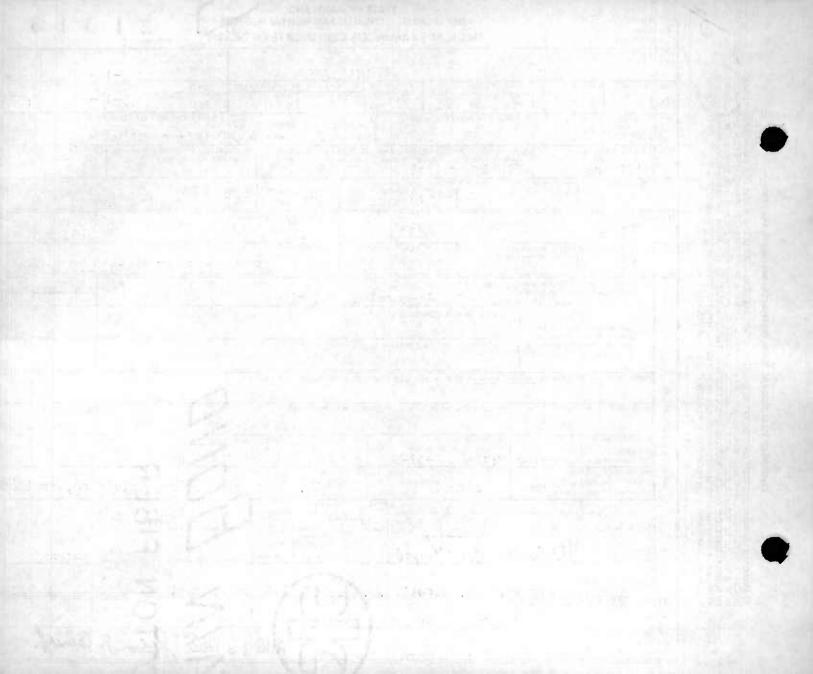
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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IEN 2	2 1	0	1 9
		CEASED NAME FIRST FOR PRINT)	MIDDLE P.	WILLI	AMS	20 DATE OF DEATH	8 2	Y YEAR 28 82	2b HOUR
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35	SU 30 M/	AL RESIDENCE (IF NURSING HOME COL STATE ARYLAND	ROTHER INSTITUTION GIVE RESIDENCE BEFORE BEFORE BALLTIME	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13°75TFF ADDRESS	WILLIA	M DRIL	/E
30	I FA	ATHER'S NAME ARTHUR	MILLIAN	(S	MINNIE	ME	HA	SSELL	
1		WAS DECEASED EVER IN U.S. AI YES, HOOFHINKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 243-40-		ADDIE WILL	ADDRES		JILLIAN	N DRIVE
ar other troumatic event, t		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), a ED BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)	JENCE OF	Hertie	Heart	hisea	BETWEEN O	MATE INTERVAL DISSET AND DEATH
o . Kunlui ku G	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	20b. IF YES, N	WERE FINDIN	IGS USED OF DEATH?
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kedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWI	1	COUNTY	STATE
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ORTANI		22d PHYSICIAN'S NAME (TYPE) Elijah Saun			27. ADDRESS  2 Hamill R		) M		210

DHMH - 16 50M 1/76 (VR A 15 (4)) 24 FUNERAL DIRECTOR PHILLIPS 1721 NODRESMONROE ST.

23b. DATE 8-31-82

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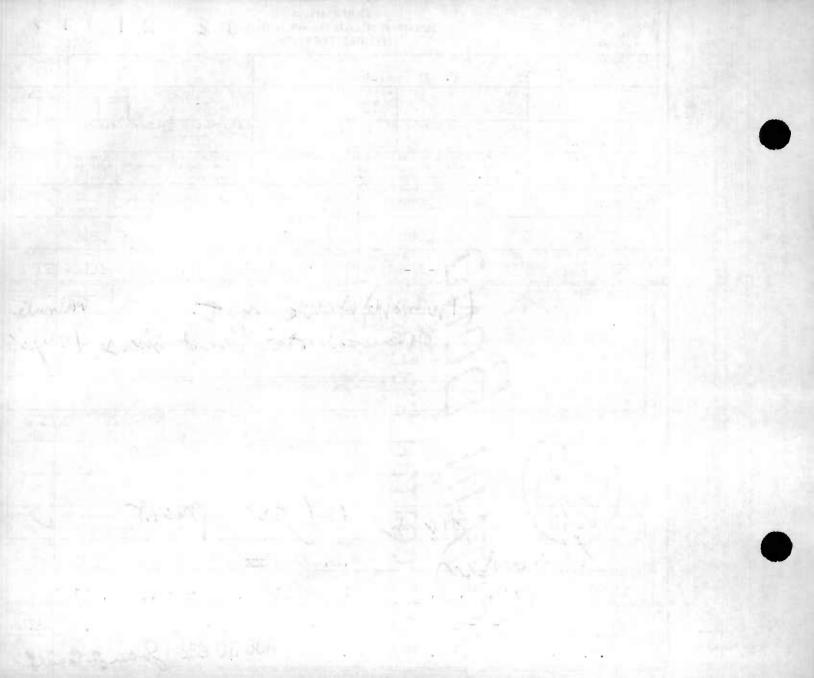
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 2e. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR THRE OF PRINTS MARGARET LYNN WILLIAMS 1: 5EX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5 DATE OF BIRTH MONTH YEAR White 1939 Female a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED TO BALTIMORE CITY Marvland U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 12e USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS Baltimore HOSPITAL. Clerical Soc. Sec W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER HET TUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2103 Jasmine Road Dundalk Maryland Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Crabbin Alma L. Robert C. Sturgeon ADDRESS 2103 Jasmine Road 60-WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Baltimore, MD 21222 212-36-7749 Chervl L. Williams No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 71e PLACE OF INIURY 21E LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 8/13/82 Gardens of Faith Baltimore, Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256. FEBISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 7922 Wise Avenue, Dundalk, MD 21222

STATE OF MARYLAND

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March F/H 1101 E. north Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

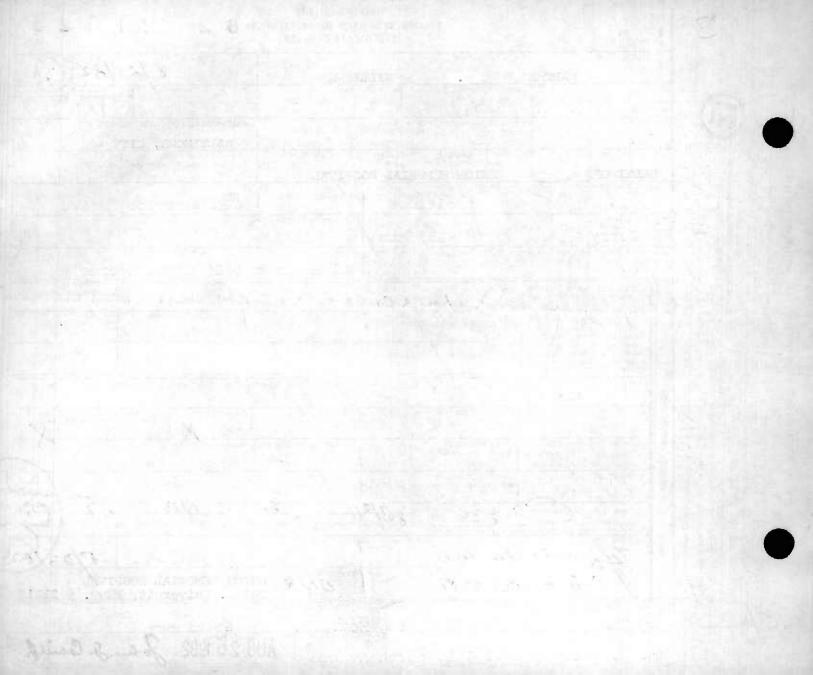
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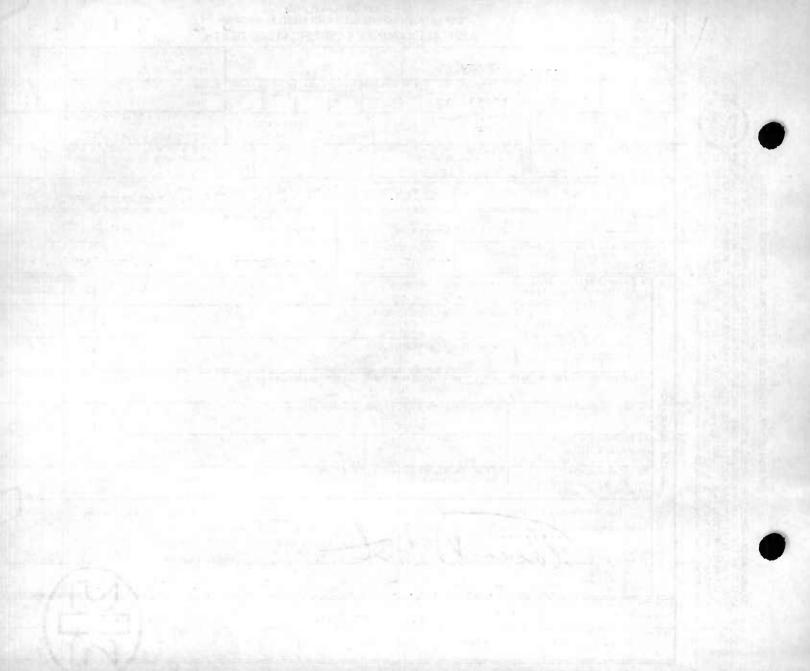
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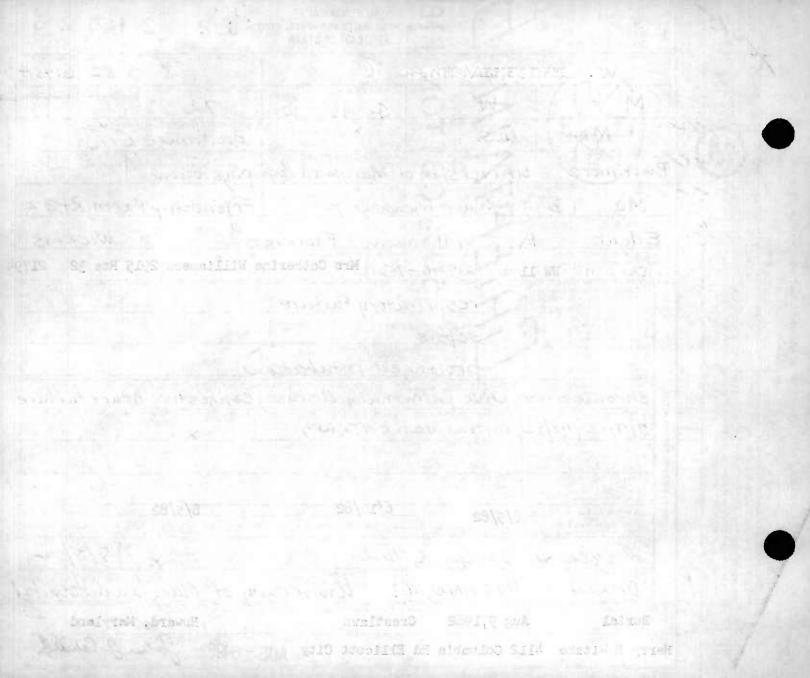


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Henry DEATH MATED Willie 4 RACE 24 HOUR DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 11 13 12 69 DEAD Black Male 4 1982 75 BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA WIDOWED 4 DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 1508 Fleet Street Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1916 E. Fairmount Ave. DE STATE ME 13d. INSIDE CITY LIMITS? 113b. COUNTY YESX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST PAGES 1 AND IVISION OF VIT Taylor Williams Louise George 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION IYES, NO. OR UNKNOWN) I LIF YES GIVE WAR OR DATES! 1208 W. Franklin St. 217-07-9960 Paula Jones No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. JAMEDIATE CARSE (a) Artoriosclerotic cardiovascular disease BURIAL - TRANSIT PER AND MENTAL HYGIEI ATION, OR REMOVAI DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19n DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLWORE, MARYLAND, 21201 PRIPARTO BURIDAL YES [ NO X 710 FXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, FTC.1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection X 22a I certify that I took charge of the Inquiry and in my apinion Undetermined monner death resulted from: TITLE (SPECIFY) Deputy ChiefMEDICAL EXAMINER 8/5/82 SIGNATURE EXAMINER'S NAME 111 Penn St. Balto. Md. (TYPE OR PRINT) Thomas 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE STATE Baltimore, Md. 8/9/82 Mt. Auburn Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Win C March F/H 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2



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ion and rs. Page.	2	YES (W) (IF YES GIV	TAMED FORCES? 166 SOCIAL SECU VE WAR OR DATES! 219-16-	7561 Mrs Catherin	e Williamson 291	
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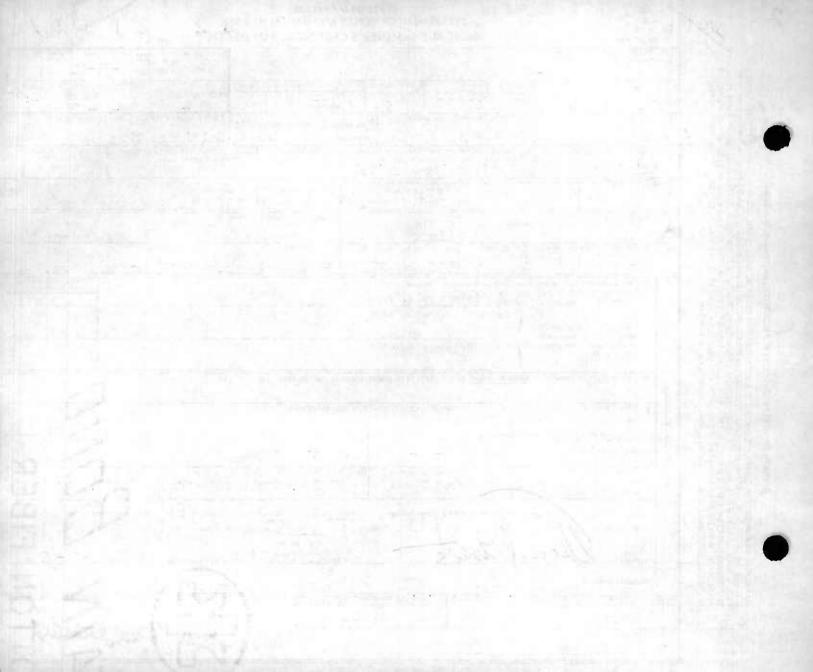
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STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise cause (a) s lying caus	s, if ony, which to immediate stating the under-	(b)	R AS A COM	IC INTE	F								
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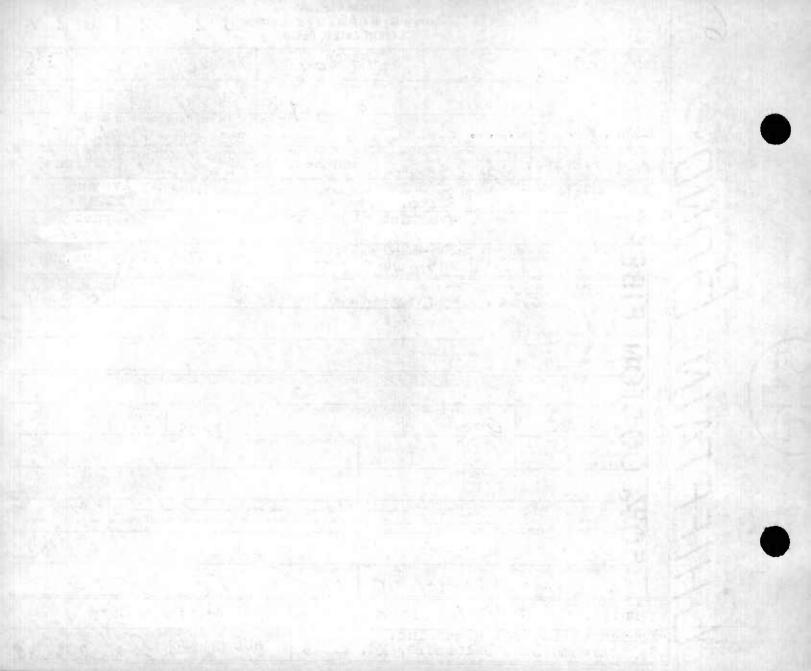
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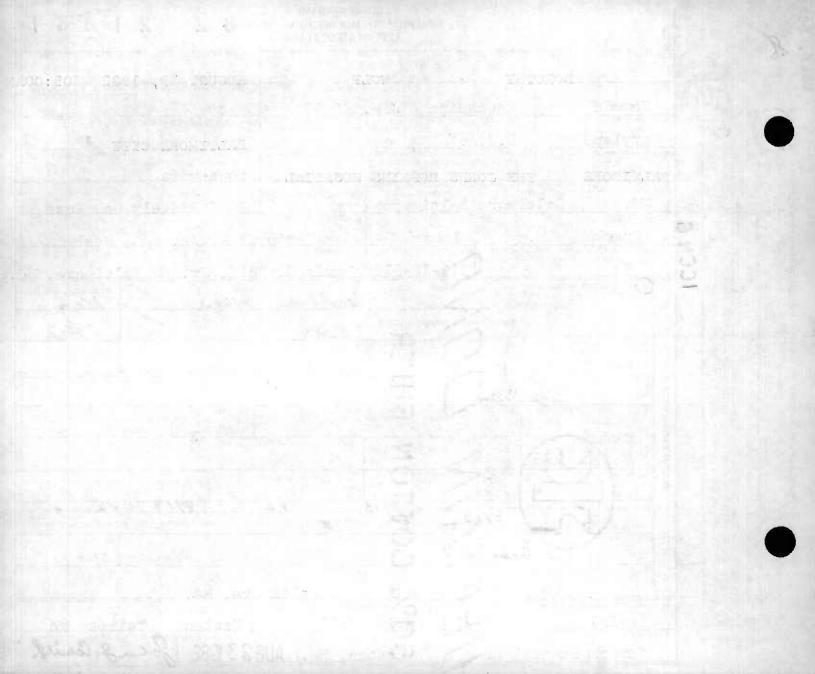
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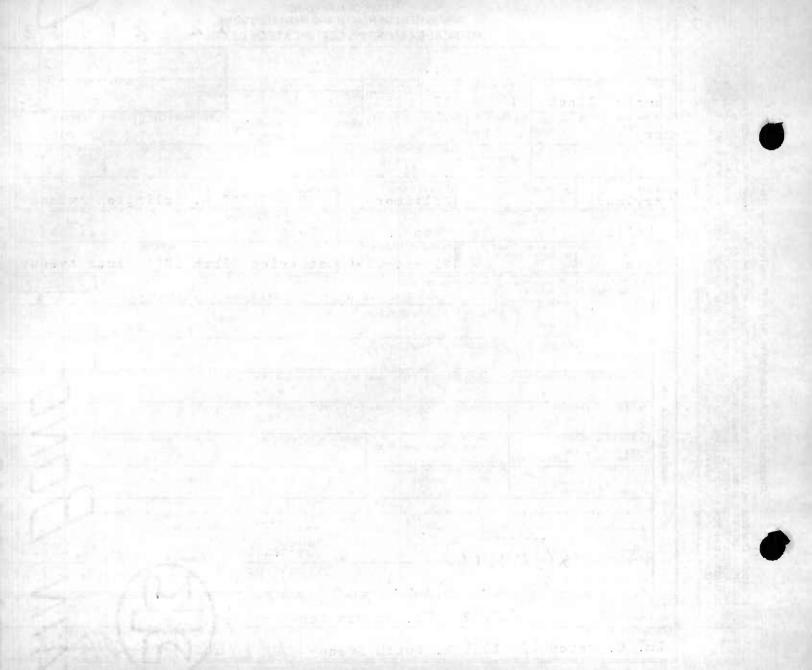


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE OF DEATH 2h HOUR TYPE OR PRINT DOROTHY WOLF AUGUST Female Caucasian JAN. 25 1923 LA BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED [ BALTIMORE 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife RALTIMORE JOHNS HOPKINS HOSPITAL 13m STATE 13d. INSIDE CITY LIMITS? Hise STREET ADDRESS Md. Baltimore Baltimore 8006 Ridgely Oak Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank Lomax Marjorie Neal 60. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 213-18-5199 Louis G. Wolf No Baltimore APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY. and vase Cellas IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse endual aneuros PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Chrusoper 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO. 71a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71h. TIME OF INJURY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE AT WORK 220.1 certify that # (this hospital) attended the deceased from , and that in ( our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL 8/17/82 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS avis Min Baltimore, Md 23g. BURIAL CREMATION REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 8-21-82 Spring Hill Talbot' Easton Md 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Newnam Funeral Home Easton, Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR DECEASED NAME 2a. DATE KNOWN DAY YEAR 25 HOUR OF ESTI-(TYPE OR PRINT) Wooden Gladys G. 19 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2d HOUR DATE FUNERAL DIRECT S FOR YOUR D. WITHIN 72 HO LAST BIRTHDAY) PRONOUNCED 17 65 YRS 6 Black 1 Female DEAD 19 82 4:30 78 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIRTHPLACE (STATE OR MARRIED NEVER MARRIEDXX USA Maryland WIDOWED Baltimore DIVORCED City S1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED, W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE Baltimore Arlington Avenue 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland YESX X 827 N. Arlington Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA, MIDDLE MIDDLE FORM PM Simms William Lula Wooden 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. {YES, NO, OR UNKNOWN} (IF YES, GIVE WAR OR DATES) Catherine Clark 5004 Elmer Avenue 219-16-7294 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arterioscierotic cardiovascular disease AND MENTAL HYGIEN DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate MRITING THE VICTORIEF MEDITION OF ARD AND MEN AGE 3 BURIAL IN AGE 3 BURIAL IN AGE DEPARTMENT OF HEALTH AND MEN TATE DEPARTMENT OF MEN CREMATION, O cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF 201 lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 210 EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY TATHOME TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC 1 STREET STATE NOT WHILE AT WORK AT WORK Autopsy Inspection 22e. I certify that I took charge of the remains described above, held on Inquiry and in my opinion Homicide \_\_\_ Suicide Undetermined monner death resulted from. TITLE (SPECIFY 8/13/82 DATE ACTUAL SIGNATURE 111 Penn Street, Baltimore, MD EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT ADDRESS 23d LOCATION 73¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b DATE COUNTY STATE BURIAL 8/17/82 Mt. Arburn Cemetery Baltimore BP 24 FUNERAL DIRECTOR **DHMH - 17** March F/H 1101 E. North Avenue (VR A15 ME (S)) 20M 4/B2



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0	0	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE NO	ATH?
29		190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH  FINJURY  M. MONTH DA  M.	OPERATIO	N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY? YES NO X	20b. IF YES, WER IN CERTIFYING YES YES 12 YES 10 O	RE FINDINGS US CAUSES OF DE NO OR PART 2)	ATH?
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000	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE)  210. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK	21b. TIME OF HOUR A./ P./ 21e PLACE (AT MOME, STR	FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F.	OPERATION  Y YEAR  19  ARM EIC)  June  82  , an	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO X  RRED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, WER IN CERTIFYING YES 1 YIN ITEM 18 PART 1 0	RE FINDINGS US CAUSES OF DE NO DR PART 2) OUNTY	STAIE  (we) last stated
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Wm. C. Brown Comm. F/H 1206-08 W. North Ave.

FOR

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

26 HOUR

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				STATI	OF MARYLAND		
/	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 2	21034
h		CEASED NAME FIRST	MIDDLE	I.	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
/	[TYPE	FANNI	F G.	w	CPERT	#8	-9 82 10.45Pm
	3 SE.	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-		EMALE	CAUCASIAN	12	25 95	86 YRS	
617	7a. BI	RIHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	XXNEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
YY.			COM	WIDOWE		Bolt	CITY MD.
20	0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		ROTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
7.04	PISTI	AL DESIDENCE HE NUBERIC HOWE OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	1 170	36	HOUSEWIFE	AT HOME
26	13a S	TATE 136 COUN				136 STREET ADDRESS	3 PARK HTS. AVE.
4	14 E/	ATHER'S NAME	XXXXXX /291	/	YES XX NO	XX APT. 1	<b>⊸</b> J #21215
50/	14.17	FIRST	MIDDLE LAST		BESSIE	MIDDLE	LAPIDÛS
11/1	16a V	ELI VAS DECEASED EVER IN U.S. AR	MAX MED FORCES?   166 SOCIAL SEC	LIRITY NO	17 INFORMANT HAR	TO BE DECEMBED A VO	LAPIDUS
nedic			E WAR OR DATES)	0550		S. AVE., APT. 1	-J #21215
the r					OSOS PARK III	J. AVI., AFT. I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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fic e		HIDD	E CAOSE (G)		7 700		1
un c		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	· 5. /	40		-YRS
ertr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF			
r oth		underlying cause lost.	(c)				
ory. o	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
y inj	TIO	Dia	sere mel	lipe	0		
son	CERTIFICATION	19a. DATE OF OPERATION	196, CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ig -	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121. HOW INTURY OCCUPA	YES NO	YES NO
8 4		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH		210 HOW INJOK! OCCORN	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
r He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	211. LOCATION		
kedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
HO.			tal strended the deceased from		12 23	10 august 9	1982 that (D(we) last
21 is		sow the leceased glive on obove (1) (we) (did) (did na	Chiefus / 19		d that in (my) (our) opinion d	leath accurred on the dote and h	aur and from the causes stated
Hem		22b. SIGNATURE	View the Judy diter deam.		DEGREE	/	22c. DATE SIGNED
H. H		Norm	nony		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	129-82
MPORTANT: IF		NORMS L	HORWITZ	40	60 PAUL	AVE BAC	1021201
3	23a B	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		SPECIFY) BURIAL	AUG. 10,1982	BNAI I	SRAEL.	BALTIMODE	COUNTY STATE

DHMH-16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complet shauld be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

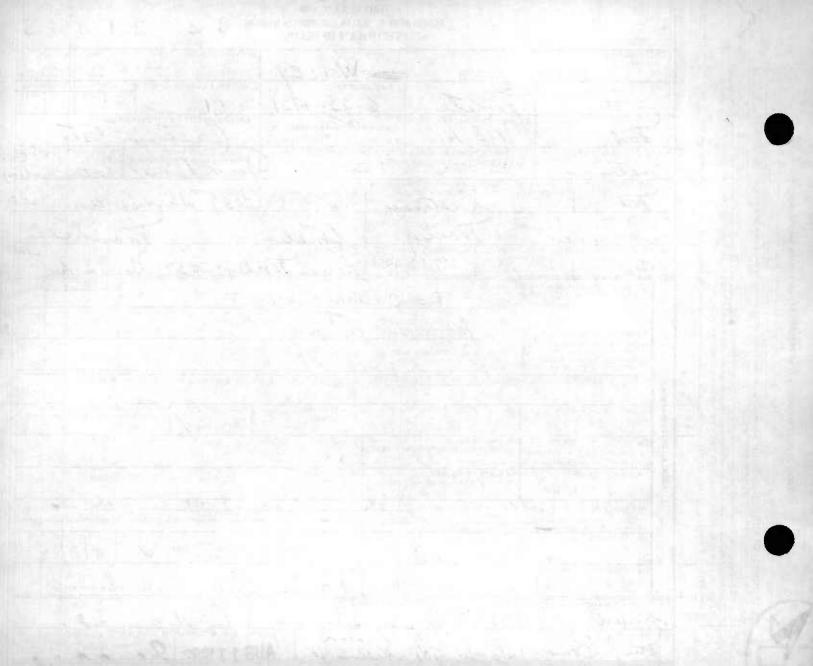
24 FUNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD. & BROS., INC. BALTO., MD

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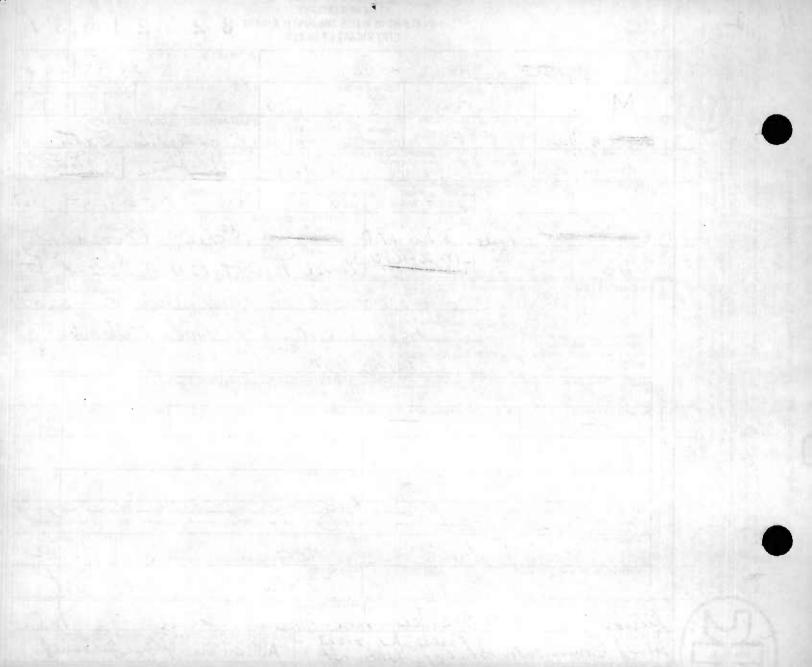
Y		FOR	DEDAG	STATE OF MAKILAND		
2	1.	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	1035
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ny be oge 3 death	(ITTE	EDWARD	JEROMR	WORLEY	8	8 82 9:30 PM
5 0 -	3 SE	C	1_RAGE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 in director, abus, other	-	MALE	While	6-22-1921	(a) YRS.	
4 55 5 5 7	7a 👢	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED LE NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
de de	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS OF
by the fi	6	cetimne		E, MARYLAND 21218	TYPE OF WORK FOR MOST OF WORKING L	holo hushin
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the nond Memial Hygiene prior to burial, cremation, or removal.  orked at then 18 storm injury, or other traumatic event, the medical examples must be an order or the medical examples in the property of the prop	13a.	AT RESIDENCE (IF NURSING HOME OF		OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 2 2 11-30
orthin 2 short	14. FA	THER'S NAME	a celes	YES NO 15. MOTHER'S MAIDEN NA	19 0 1 14 100 100	in are. Little
uted will	0	Lawrence.	MIDDLE Washe	y Anglia	MIDDLE	inshell
MORE, a condition ond co		VAS DECEASED EVER IN U.S. AR	E MAR OR DATES		ADDRESS	2123
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st., BAL rificote p physicia on poper emovol.		PART I. DEATH WAS CAUSE	ily ane cause per line for (a), (b),	ond (ct.)	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertificential phopology			TE CAUSE (o)	DIRATON ARA	es I ·	
on W. PRESTON that the death colors remove corb incl. cremation, or		1830	DUE TO, OR AS A CONSEC	1 11 1 1 1 1 1		
PRES te de movernation trau		Conditions, if any, which gove rise to immediate	(b) METAS		- 9	
W. I by the see recother other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF		
gned gned burial burial ry, or	W	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GE	VEN IN PART 110
PRDS, 2 require en signi i. Then g injury,	CERTIFICATION					
low r	FF	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TAL RI The le	E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, ROW IN JURY OCCUR	YES NO Y	ES NO
SICIAN: T ng physici certificate rial-tronsi ental Hygi frem 18 st		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	KED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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O O O E			ital) attended the deceased from	n 814 19 82		19 8 that 4 (we) last
TTEN prital TOR: for us of He	14	sow the deceased alive on		, and that in (-7) (our) opinion	death occurred on the date and ho	
OR A DIRECT DIRE		226 SIGNATURE	/1	DEGREE		224 DATE SIGNED
		1	(towell MI	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	819185
HOSI ined old b		224 PHYSICIAN'S NAME GYPE	11	MD. P. A. Mes	Center Lock	Ronan
0 8 5 8 3 A	23a. I	BURIAL, CREMATION, REMOVAL		LEAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 50M 4/B2	24 €	INERAL DIRECTOR	1 1 CADOM	250. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	1	Phin J. Onwar	' Langa GA	Mapling St.	IIF 1 1 1000 C	



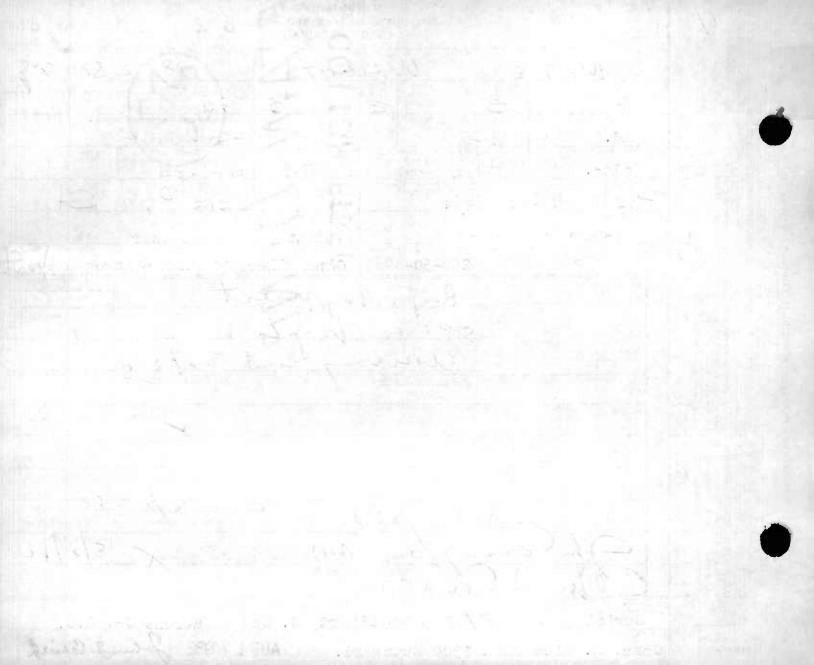
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1/	1		STATE OF MARYLAND
X	7	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 1 0 3 7  CERTIFICATE OF DEATH  REG. NO.
		1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	1 25	(TYPE OR PRINT)	PP CHARLES H. WRIGHT 8 24 82 300 PM
	100	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS
	* (MM)	Mak	White 30 1930 57 YRS. MONTHS DAYS HOURS MIN.
	1 100	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? AARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCE
	fter of with	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUS OCCUPATION 11 USUS OF THE PROPERTY OF THE PROP
201	urs o	Balthorelly	UNIVERSITY of Marylan Mos f.
AND 21	filled in	30. STATE NO.	
RYL	within within	14. FATHER'S NAME	IS MOTHER'S MAIDEN NAME FIRST AND MIDDLE LAST
WA	de de de	1 to the same of t	Charley G. Wright of the Creaken
BALTIMORE	and c	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? IN SOCIAL SECURITY TO 17. INFORMANT ADDRESS  PLOCAL TO THE PROPERTY OF THE PROPERT
ALTI/	pers. Person of the n		nly ane cause per line far (a), (b), and (c).  Proumonia   APPROXIMATE INTERVAL   APPROXIMA
	phys npop movent,	PART I. DEATH WAS CAUSE	DBY: Hypotension renal failure, legatic one scoticemia
TS N	h cert	3030	DUE TO, OR AS A CONSEQUENCE OF
PRESTON	death attend ave co rtion, o	Canditions, if any, which	( 16) HEPATORENAL SINGROME REMONTES
	the of the cemor	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF
201 W.	thot d by eone of c	underlying cause last.	ALCOHOLISM
	uires Ligne Ligne Desirion Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Lig Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Ligne Lig Lig Lig Lig Lig Lig Lig Lig Lig Lig	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
DIVISION OF VITAL RECORDS.	4 6 4	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED
REC	0 1000	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	YES NO
IA	to the second	210. ACCIDENT WAS UNDERLYING	216. HOW INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JIEM 18. PART 1 OR PART 2)
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NO	ding ding Merit	21d. INJURY OCCURRED	21e. PLACE OF INJURY 21f. LOCATION
VISI V	of a find	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
ā	Din At at a solution		ital) attended the deceased from 8/15 1980 , to 8/12-91 1980 , that (1)/(we) last
	Prof.	saw the deceased alive on	
	Hern Hern	226. SIGNATURE	DEGREE 271. DATE SIGNED
	A PER P	1 Shn	Taylly MO ' ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
	HUNER HUNER HIP SIN	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT) 22e ADDRESS
	thined by the standard by the	JOHN 1/	ITARELLO MO 22 GREEN ST, Balt M
	Si : 2 1 2	JA JURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY
210		Lucal	8-28.1982 Selan hon Garden Gelair M.
D	HMH - 16 50M 4/82 (VRA 15, 4)	FUNERAL DIRECTOR	Low DE Backs 212123 250 DATE REC'D. BY REGISTRAR MOREGISTRAR'S SIGNATURE AUG 27 1982 John & Cohneck



	111	tem 8 #G570 8/31/82 ph	STATE OF MARYLAND		
4	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE 2 2	1 0 3 8
1	1	REGISTRAR MATTIP	CERTIFICATE OF DEATH	REG. NO.	
	1. DEC		IDDLE LAST		AY YEAR 2b HOUR
1 100	(TYPE	ORPRINT) MATTLE	WRIGHT	8 3	17 995
	3.5E		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2-145
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1 15 86	a. BIF	DUNTRY)	WHAT COUNTRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
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Wm. C. March F/H 1101 E. North avenue

FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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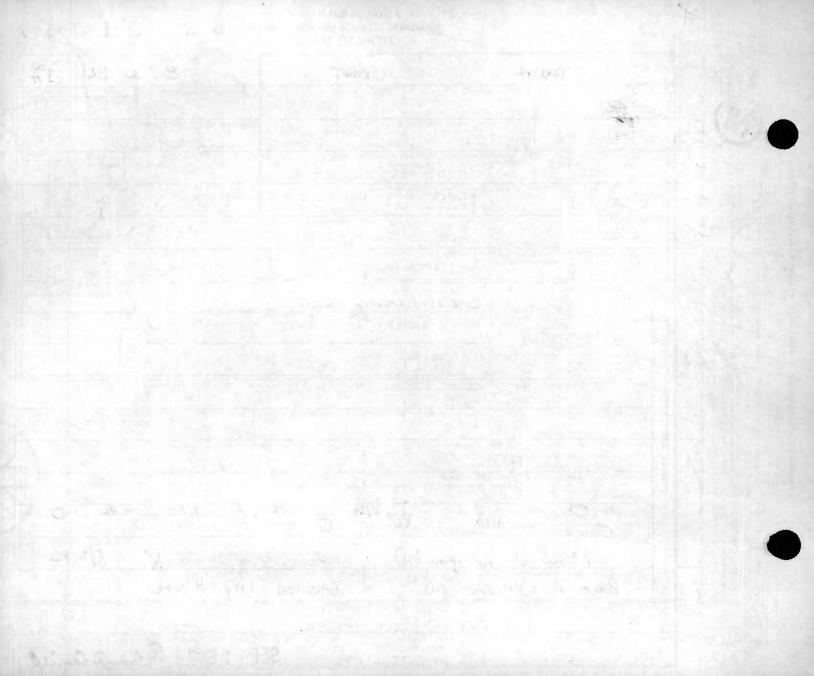
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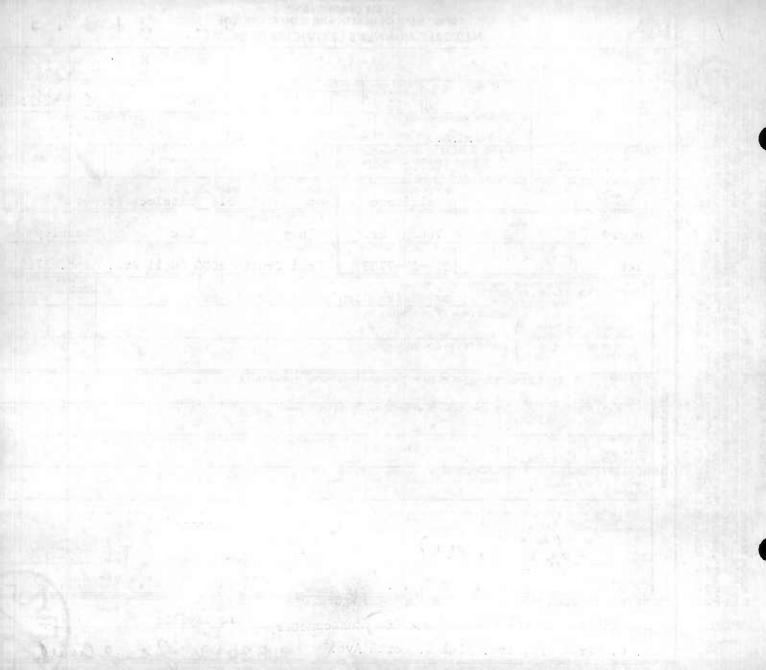
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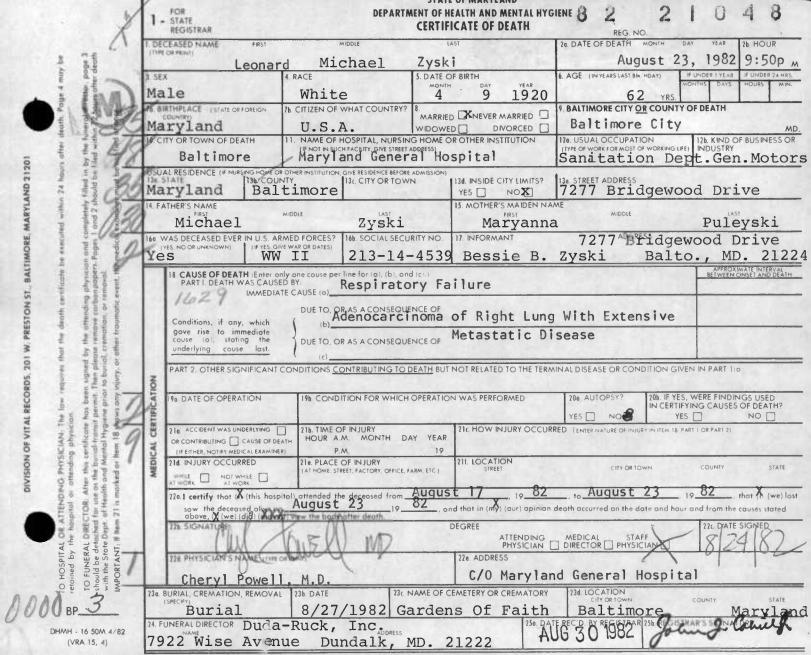
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